TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cambos carbon papers. Pages 1: and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

是是一个一个	MARYLAND STATE DEPARTMENT OF HEALTH	1200
DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAN
16772	CERTIFICATE OF DEATH	
Av con an ancien		181 11 m 11 1 1 1

	1.	PLACE DF DEAT a. CDUNTY	Н			2. USUAL RESID	ENCE (Where dec	eased lived, If ins b. CDUM		ice before at	dmission)
		Prince Georges MARYLAND					D. C.				
		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)			1b c. CITY OR TOWN	(If outside corp	orate limits, wr	ite RURAL and	give neares	st town)	
	_	Glenn Da	le (rural)	DN (if not in	2 mos. 7 dy	S. Washing		47	Y	e. IS RES	SIDENCE
		u. NAME DI 110	SITIAL OR MAINTON	DIA (II HOC III	mospital, Rive street addie	G. SIREET ADDRE	.33			ON A	FARM?
8	-		le Hospita			1231 K S			4	YES _	NO
	3.	NAME DF DECEASED	F	Irst	Middle	Last	4. DATE	Mont	n D	ay Ye	ar
		(Type or print)	Jess	ie		Abney	DEATH	Dec	. 6	19	
	5.	SEX	6. CDLOR DR RACE	7. MARRII	D NEVER MARRIED	8. OATE OF BIRTH	9.	AGE (in years last birthday)	Months Day:		
		female	Negro	WIDDWE	<u> </u>	11/2/1886	79	yrs.			
	dur	Ing most of work	ION (Give kind of work ing life, even if retire	(done 1Db.	INDUSTRY	11. BIRT HPLACE		or foreign country	COUNT	N OF WHAT	
		Cenant fa			farming	Saluda,	S. C.		USA		
	10.	. FAIRERS HAR	16			14. MOTTER 3 III	AIOEN NAME				
		Unknown				Unknown	1				
	(Ye	es, no, or unkown)	EVER IN U.S. ARMED FI (If yes give war or dates	of service)	6. SOCIAL SECURITYNO.	L7. INFORMANT		Addre	55		
		no			None	decedent					
				_	r line for (a), (b), and (c).]				IN	TERVAL BE	TWEEN
		PART I. O	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) pul	monary emboli	sm, site of	origin t	undeterm		Sudde	
		420									
		Conditions, if any, which (b)									
		gave rise to			neralized art	eriosclerosi	ie with	erterios	claro		
		cause (a), s underlying caus	taring me (_	c heart disea		LS WICH	ar cer 109	CICLO	Unkn	A
	NO	PART II. DTHER	SIGNIFICANT CONDIT	QNS CONTRI	BUTING TO DEATH BUT NOT I	RELATED TO THE TERMINA	AL DISEASE CONT	DITION GIVEN IN	PART 1(a) 1	9. WAS AL	UTDPSY
0	AT	rheumat	ie heart d	isease	BUTING TO DEATHBUT NOT I by history: leg amputati	chronic pye	lonephr	itis;	rono	PERFOR	ND
2	CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING	, 12Db.	DESCRIBE HOW INJURY O	CCURREO. (Enter nature	of injury in Pa	rt I or Part II o	f Item 18.)	LX	
	E	DR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMI	TH NER)							
	7		INJURY Month, Day,		INJURY DCCURRED 2De.	PLACE OF INJURY (Home	form 1 206 /	City or town)	(County)		State)
	MEDICAL	Hour a.		Whi		actory, street, office bldg	(., etc.)	GILY OF LOWIN	(County)	(Jiere)
	ME		m. 19	at w	ork at work						
		21. I certif	fy that (I) (this hos	pital) atter	ided the deceased from	9/29	d9 65 to	12/6	_, 19. 65 ,	that (I) (we) last
		saw the de	ceased allive on 1	2/6	19.65 and	that death occurred a	M, fro	m the causes			l above.
		22a. SIGNATU	RE //	PIA	1	ATTENDING	MED	STAFF	22b. DATE :	SIGNED	
			VVVI	(VV	W/	M.O. PHYS.	OIRECTOR 5		12/6	/65	
		22c. PHYSICIA NAME (T	vne)			22d. ADDRESS	OTCHIL I	Dale Hos		1	
1			Moe We	iss, h	I. D.		Glenn I	Dale, Ma	ryland		
	23a	BURIAL, CREM REMOVAL (Sp		THEREDE	23c. NAME OF CEME	TERY OR CREMATORY	23d. LO	CATION (City, to	own or county)	(\$	tate)
	1	Burral	12-1	0-65	Finest Wi	R Men Park	Cm 97	rd.			
-	24	. FUNERAL DIR	ECTDR	2 //	ADORESS	25a.	REC'D BY REGIS	1 001	EGISTRAR'S SI	SNATURE	
D		29010	NO K	olta	1 1203 1101	By HA DE	C 1 3 19	65 Jul	ionlas y	udge	1
0	1==	0	7		W (621. 9 C			- 0-	U		
					a complete to						

engined period

(fesie) - No. 305 [3

And religion in the L

Indian Hafel tuniff

- Lessi

90110790

Hone

ven!

Children III

A LONG TO SERVICE AND A SERVIC

. Obu

S. Sanday V

St. | deta beningericher mights in saie und feder exphonize

S. ASL MIERO

.U .B .almile B

- mrofosulteds of lounistrology rates that become

hannel daned sid

the catle least literace by clasures ascame grainstities

instructional was in

St. N. cestall and

New York Control of the Control of t

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

0

MARYLAND STATE DEPARTMENT OF HEALTH

PINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTYPrince Georges County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATEMARY b. COUNTY Prince George
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) 32 725	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowle
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	,d. STREET ADDRESS 8. IS RESIDENCE
PRINCE GEORGES COUNTY HOSP, TAL	12611 SAFETY TURN, BOWIE, MD YES NO K
	drich DEATH 12-24 Day Year 1965
M IAI	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DIVORCED V	yrs.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) PHARMACIST PRUGGIST	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? [TAUNTON, MASS. 2. 2. 5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CASSIUS M. ALDRICH	MARY HANNAH BARRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, po, or unknown) (If yes give war or dates of service)	INFORMANT Address
TES WWL PITOSTAIN J	emes J. Torrillo (Son-in-law)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myocardial infarcti	on, acute
4201 DUE TO	
Cenditions, if any, which	eretic heart disease with 5 years
cause (a), stating the DUE TD old myocardial infa	eretiem and right bundle branch
underlying cause last.	bleck
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTDPSY
emphysema, pulmonary, chronic wit	thfrequent acute ashmatic like PERFORMED? YES ND ND
GR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC factor p.m. 19 at work at work	y, street, office bldg., etc.)
21. I certify that (I) (Missionspiral) attended the deceased from No.	
	death occurred at 1:290, from the causes and on the date stated above.
22a. SIGNATURE John Cofina Mana	ATTENDING MED. STAFF Dec 21, 1965
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) John Cosma, M.D.	3010 Stonybrook Drive, Bowie, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMDVAL (Specify) 12-28-1965 ARLINGTON	OR CREMATORY 23d. LOCATION (City, town or county) (State) NATL Arlington. Va.
24 FUNERAL DIRECTOR ADDRESS CE	TETEL 254. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Joseph Wawler's Sons Inc. 5130 Wisconsin Ave. N. W. Wash. DC.	1440
5130 Wisconsin Ave.N.W. Wash.DC.	1956 1 John Judge

VR A15 (4) 20M 1/65

TOIUS. separational entire and the language AM Tarriage in both market at 22 of Table Carried MARKET STREET, The fact of the state of the state of the state of stimb antimatet fellimasent til discounty organization of the all all a discount of the country of more a since of the base astronomy Lairiston and mails and the alter the property of order of the section and relieve For the seal of th market and the second of the s

Act of Constant Mally

The soften services distribution of the soften and the soften and

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

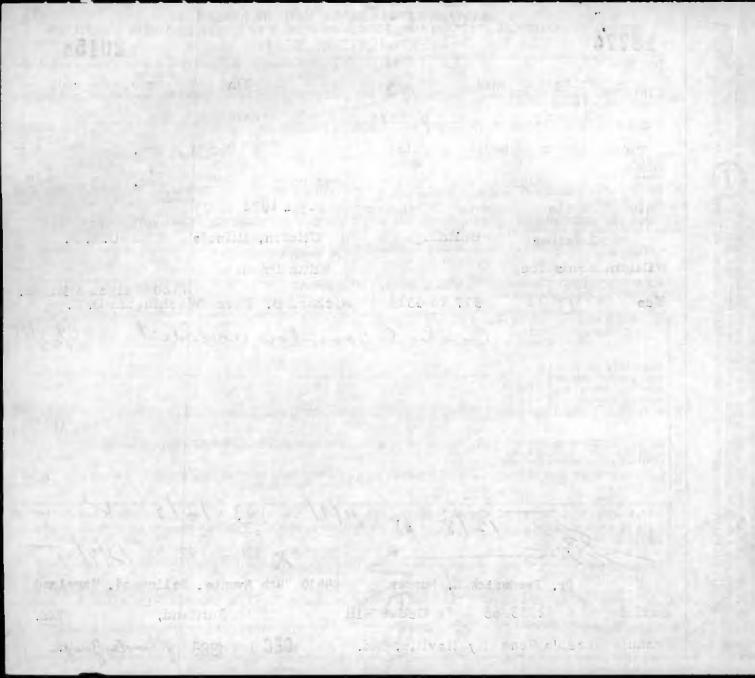
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes completely papers. Pages 1 are 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
16774	CERTIFICATE OF DEATH	20158

1.	PLACE OF DEATH	Н				2. USUAL RESIDEN	CE (Where deceased	lived, If Institut	tion: Residence	before admission)
		Prince Ge	orges	MARYLA			yaand	Princ	ce Geor	
	b. CITY OR TOW Write RURAL	N (If outside corporat and give nearest tow	e limits, n)	c. LENGTH OF STAY I		c. CITY OR TOWN (II		ilmits, write f	RURAL and giv	re nearest town)
_	4 NAME OF HOL	Cheverly	N de not in b	ospital, give street add	(====)		dover			LO DECIDENCE
	d. NAME OF HO	SPITAL OR INSTITUTIO	M (It not in a	lospital, give street add	iress)	d. STREET ADDRESS			6	ON A FARM?
-		Georges Ge		Hospital		270				ES NO
3.	NAME OF DECEASED	Fli	rst	Middle		Last	4. DATE	Month	Day	Year
	(Type or print)	Harm	7		F	rmstrong	DEATH	Dec.	. 9	19 65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	DATE OF BIRTH	inet			IFUNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED	X	8-18-189	92 73	VIS. MOI	nths Days	Hours Min.
10a dur	. USUAL OCCUPATING most of work	10N (Give kind of workeing life, even if retired	ione 10b. K	IND OF BUSINESS OR NOUSTRY		Clinton,	ounty & State, or for Illinois	eign country)	L.S.	
13.	FATHER'S NAM				1	14. MOTHER'S MAIL	DEN NAME			
		Armstrong				Edith Dr				
15	. WAS DECEASED	EVERINUS. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	NFORMANT	-	7 7 Address7 -	alleam N	Aill Rd.
(Ye	Yes	(If yes nive war or dates of	Service) 57	7 10 4319	F	Richard B.	Farr W	ashingt	on D. C	Z.
	18. CAUSE OF	DEATH (Enter only one	cause per l	line for (a), (b), and (c).]			-1	INTE	RVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY	0	rely 0	110-	ela	CAAL	Lint	UNS	ET AND DEATH
	32/1	IMMEDIATE CAUSE		-00-104	00	TOUR OC	0-0-0-			1001
	Conditions, If	DUE DUE	то							
	gave rise to		(b)					æ		
	cause (a), si	tating the DUE	TO							
	underlying caus		(c)							
	PART II. OTHER S	BIGNIFICANT CONDITIO	NS <u>C</u> ONTRIB	UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL I	DISEASE CONDITION	GIVEN IN PAR	T1(a) 19.	WAS AUTOPSY PERFORMED?
ICA									YE	S NO
CERTIFICATION	20a. ACCIDENT DR CONTRIBUTI	WAS UNDERLYING ON CAUSE OF DEATH	20b.	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature o	f injury in Part I o	r Part II of ite	em 18.)	- Samuel - S
ic _A		NJURY Month, Day,	-		e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	arm, 20f. (City o	r town)	(County)	(State)
MEDICAL	Hour a.n		While at worl		100001	. /	,,	1	-	
_	21. I certif	v that (I) (this hosp	ital) attend	ed the deceased from	m Le	19/ .1	963 to 12	19	19 45. th	at (I) (we) last
	saw the dec	ceased alive on	121	8 19 68, and	d that	death occurred al	35M from the	e causes and	on the date	e stated above.
	22a. SIGNATUR	HE CO							b. DATE SIG	NED
		Min		0	M.D.	ATTENDING PHYS.	MED. ST	AFF	12191	61
	220 PHYSICIA NAME (Ty					22d. ADDRESS			111	
	MARIE (I)	Dr. Fre	derick	E. Musser		4410 74th	Avenue,	Belleme	ad, Mar	yland
23a				23c. NAME OF CEM			23d. LOCATIO	N (City, town	or county)	(State)
	B CENTYAL (Spe	12/13	3/65	Cedar	Hill		Suitla	and,		Md.
24.	FUNERAL DIRE	CTOR		ADDRESS		W 24	C'D BY REGISTRAR		TRAR'S SIGN	
I	rancis (Gasch's Son	ns Hya	attsville, M	ſd.	DEC	1 3 1965	gelian	ela Jus	de



FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pendi in Item 18. Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

**To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16775 5:1

WINDLISON WEST-	ALL MIAN MEGALINA	DOL MILLICHTAIN	
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. PLACE OF DEATH			E (Where decessed lived, If		ce before admission)
Prince George	MARYLAND	STATE Maryland	b. COU	nty ce George	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16		outside sorporete limits, writ		nearest town)
Takoma Park	YEARS	Takoma Pa	rk		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, giva straat eddress)	d. STREET ADDRESS			e. IS RESIDENCE
428 Ethan Allen Avenue		128 Ethan	Allen Avenue		YES NO FARM?
3. NAME OF First	Middle	rest	4. DATE Mont	h Day	Year
(Type or print)			OF DEATH 30		****
Unartes		shford	12	LIE AIDINER & VELT	19 65 IF UNDER 24 HRS.
/- MUNICIE		. DAIL OF BIKIN	9. AGE (In years lest birthday)	Months Days	Hours Min,
Male White WIDOWE		109	1 68 yrs.	7.1011111	
done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR		of filineign sountry)	12. CITIZEN O	F WHAT COUNTRY?
MECHANIC'S HELPER BR	EMWELL FIREFLACE	WASHING	TON, D.C.	U. 3	S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		4	
	SHFORD	GEIEGIANNI	A GRIMES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas, no, or unkown) (Ifyesgivewerordatesotservice)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	1 21	
(Tas, no, or unkown) (Iryesgiveweror dates of service) 5	19-01-1693 BA	war Brown	HUL 10704 AU	ew Hany	Osu SJ.MI
18. CAUSE OF DEATH [Enter only one cause per i		3 -27700	7 1 1	INT	ERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	rt failure			ON	nutes
4200 DUE TO					
100	eriosclerotic h	neart disease		im	known
gave rise to Immediate cause	1	ATTOGRAP		- u	1111
(a), stating the underlying					
course leaf. (c)	STRICTING TO DEATH BUT NO	T DELATED TO THE TERM	A! DISEASE CONDITION OF	ZEN IN BARRETT A	o Was Allegas
PART II. OTHER SIGNIFICANT CONDITIONS CON	NO DEATH BUT NO	T KLLATEV TO THE TERMIN	AL DISEASE CONDITION GIV	TEN IN PART IJa] 1	PERFORMED?
5				1	TES NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	IBE HOW INJURY OCCURRED.	(Enter nature of Injury In Pa	rt I or Part II of item 18.)		
		CE OF INJURY (Home, farm,		(County)	(State)
Hour e.m. While		ory, streat, office bldg., atc.)			
21. I certify that I took charge of the rem	/	/			in my opinion
death resulted from: Natural causes X	Actident . Suigh		, Undetermined m	nenner	
1/	14 //	CHIEF MEDICAL EX	XAMINER [
ACTUAL SIGNATURE	112117	M. ASSISTANT MEDIC	CAL EXAMINER	D.	ATE SIGNED
PYS MINER'S	/	DEPUTY MEDICAL	EXAMINER X		
NAME (Type) John Rehoe, M.D.	Riverdale, Mo	de Address (Street, ci	ity, town, or county)	12-	-23-65
226. BURIAL, CREMATION, Z26 DATE THEREOF			22d. LOCATION (City, town	n, or county)	(State)
Bureal Volec 28, 1965	arlington Nat	roxel	arlington	1. Vine	yenia
23. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR (2/b. REG		IRE
J. Withus Malley 254 Ca	reall schill	HE UEC	29 1965 gc	hanles Ju	dge
			· /-	—— <i>U</i> —	

VR A15ME 5M 1/63

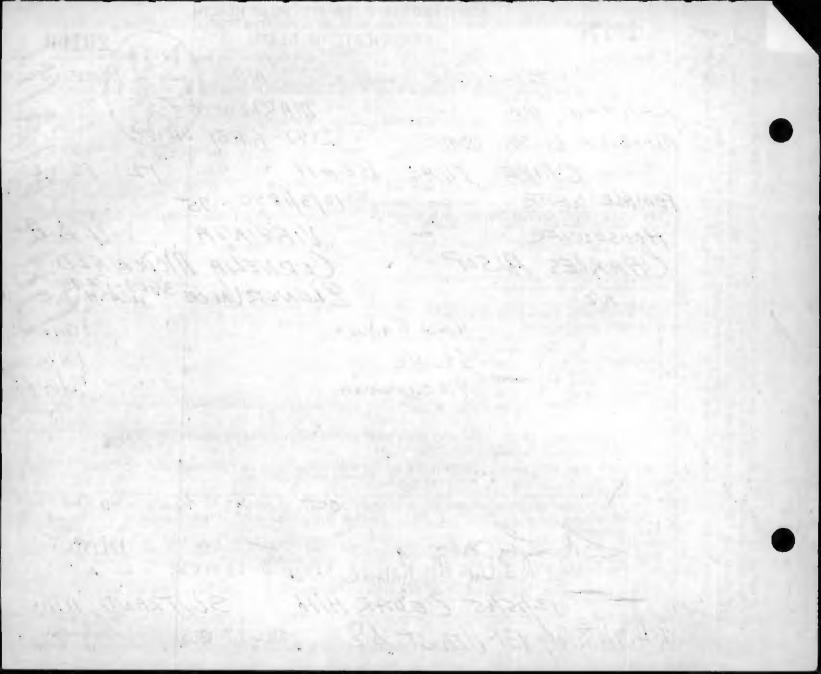
2

. . the bank of the same of the sa to tage thing at 1 (200 days of the college place) and the late of the property of the same of the same of the the state of the s 4 4 0 1 4 0 1 The state of the state of the the second state of the second state of the second 632 A.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3. MANE OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE NARRIED NEVER MARRIED 8. DATE OF BIRTH DEATH D			21/21/11
D. CITY OR TOWN If outside corporate limits, with REMAL and give nearest town with RUBAL and give nearest town. If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) If NAME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) IN AME OF HOSPITAL OR HISTITUTION (if not in hospital, give street address) IN AME OF HOSPITAL OR HISTITUTION (if not in hospital) IN AME OF HOSPITAL OR	a. COUNTY + PIAME		Residence before admission)
G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF DECASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NOWED NIDOWED NID		c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
3. MANE OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE NARRIED NEVER MARRIED 8. DATE OF BIRTH DEATH D	LANHAM Md	X MARLOW-HOTS	
3. MANE OF DECARSO (Type or print) S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years FUNDER IYEAR) FUNDER IYEAR FUNDER IYE	ma - a - 1 1: A - 1 -	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
DECEASED (Type or print) S. SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years FUNDER 1YEAR FU		12542- KIRBI UNIVE	
Divorce Divo	DECEASED A 1 1 1 TO	A 11 OF	10 15
DIORGED DIVORCED DIVORCED DIVORCED DISAURANCE (Country & State, or foreign country) 10. LIVINO COUNTRY & STATE, or what country industry 11. INTURMANT 12. CITIZEN OF WHAT COUNTRY 13. TATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTURMANT 27. INTURMANT 28. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUR TO Conditions, If any, which (b) SALVE 200. TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTHOR OR CONTRIBUTING DISEASE OF DEATH (FITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY MEDICAL EXAMINER 201. I Certify that (l) (this hospital) attended the deceased from DEATH STATE (price) 202. TIME OF INJURY MEDICAL EXAMINER 203. SIGNATURE 204. TURE OF INJURY MEDICAL EXAMINER 205. TOR ON THE DITION STAFF 206. THE OF INJURY MEDICAL EXAMINER 207. THE PROPERTY MEDICAL EXAMINER 208. SIGNATURE 209. THE PROPERTY MEDICAL EXAMINER 200. THE OF INJURY MEDICAL EXAMINER 200. THE OF INJURY MEDICAL EXAMINER 200. THE OF INJURY MEDICAL EXAMINER 201. I CERTIFY MEDICAL EXAMINER 202. THE OF INJURY MEDICAL EXAMINER 203. SIGNATURE 204. TURE ALL CREMANCH, 230. DATE THEREOF 205. NAME OF CERMATORY 206. THE OF INJURY MEDICAL EXAMINER 207. THE OF INJURY MEDICAL EXAMINER 208. SIGNATURE 208. SIGNATURE 209. DATE SIGNED 209. THE OF INJURY MEDICAL EXAMINER 200. THE OF INJURY MEDICAL EXAMINER 200. THE OF INJURY MEDICAL EXAMINER 200. THE OF INJURY MEDICAL EXAMINER 201. THE OF INJURY ME	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFIRMANT Address Add		10/3/18 70 75 yrs.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTERMANT 20. ADDRESS 18. CAUSE OF DEATH Lenter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a). Stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTHOR FROM YES NOT COUNTY IN PART 1 (b) 19. WAS AUTHOR FROM YES NOT COUNTY IN PART 1 (c) 19. WAS AUTHOR FROM YES NOT COUNTY IN PART 1 (c) 19. WAS AUTHOR FROM YES NOT COUNTY IN PART 1 (d) 19. WAS AUTHOR			
(Yes, no, or unknown) (Iffyes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1. 20.11
(Yes, no, or unknown) (Iffyes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY.	CHARLES ALSOT	CORNELIA MICDONI	910
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTURMANT Address 3407 - F	PA. AVES.E.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	No	ZLENOIS VAUCE WAS	H. D.C.
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) SHOWE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORITY OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORITY OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORITY OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work factory, street, office bidg., etc.) 21. I certify that (i) (this hospital) attended the deceased from 19. And that death occurred at M, from the causes and on the date stated at 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. ADDRESS ATTENDING MED. STAFF Phys. DATE SIGNED ATTENDING MED. STAFF Phys. DATE SIGNED ATTENDING MED. STAFF Phys. DATE SIGNED 22a. ADDRESS 22b. DATE SIGNATURE 22c. PHYSICIAN'S NAME (Type) A DATE THEREOF 23c. NAME OF CEMETERY OR CREMAJORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMAJORY 23b. REGISTRAR'S SIGNATURE 24. FUNCEAL BIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) PRETILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED	2 2 4 V		103
Cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Pum. 19 at work at wo	Conditions, If any, which) (b) 5 HUKE		1 WK
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORM YES N 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work at work factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.) 22a. SIGNATURE 22a. SIGNATURE 22c. PRYSTCIAN'S NAME (Type) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	cause (a), stating the	4	44A45
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work North No		LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work North No	ODS ACCIDENT WAS HADDEN VINC TO 1 205 DESCRIPE YOU INHUD OOL	CHRRED /Fastor a sture of lature in Part I or Part II of Itom 15	
21. I certify that (!) (this hospital) attended the deceased from OCT, 1961, to 1962, that (!) (we saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated a 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 22c. PHYSTCIAN'S NAME (Type) 3408 ATTENDING PHYS. 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) (Statement (Specify) 12/15/65 EDAR H) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE		JORNED. (Enter nature of migury in rait 1 of rait if of item to	2-)
21. I certify that (!) (this hospital) attended the deceased from OCT, 1961, to 1962, that (!) (we saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated a 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 22c. PHYSTCIAN'S NAME (Type) 3408 ATTENDING PHYS. 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) (Statement (Specify) 12/15/65 EDAR H) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm, 20f. (City or town) (Contory, street, office bldg., etc.)	unty) (State)
saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated a 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 22c. PHYSTCIAN'S NAME (Type) 3408 ATTENDING PHYS. 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) 23a. BURIAL, CALMARCH, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 24d. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	p.m. 19 at work at work		
22a. SIGNATURE 22a. SIGNATURE M.O. ATTENDING MED. STAFF DIRECTOR PHYS. DATE SIGNED 1 1 3 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			the date stated above
22c. PHYSTCIAN'S NAME (Type) 3 08 A T. Out. T. AINIK. LOUR LEVITSKY 23a. BURIAL, CREMINGH, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State of		22b. D	
NAME (Type) 108 R. T. UK. T. AINER LEON K. KVITSKJ 23a. BURJAL, CREMATON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State of Company)		I.O. PHYS. DIRECTOR PHYS.	13/65
PEMOVAL (Specify) 12/15/65 EDAR HIII SOITAND, MD. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE		LEON R. LEVITSKY	
77774 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
V. H. Waltingly 131-1176 st 1.> DEC-17 1965 Scharles Judge	24. FUNERAL DIRECTOR ADDRESS		^
1) 11 11 11 11 11 11 11 11 11 11 11 11 1	K.H. Waltingly 131-11Th st. S.E	. DEC: 17 1965 Acharle	Judge



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges Marvland Geo .94 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate I mits. E. LENGTH OF STAY IN 16 write RURAL and give nearest town) RURAL-Upper Marlboro RURAL-Upper Marlboro Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? **RFD 1707** RFD 1707 YES NO 3. NAME OF 4. DATE Year First M ddle DECEASED (Type or print) Edwin DEATH 19 65 James Bean December 5 SEY 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED [8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF JNDER 24 HRS. 58 yrs. Months Hours March 9.190' Mala White WIDOWED [D VORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or fore gn country) done during most of working life, even if retired) Forestville. Marvland Tobacco Farming Own Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME A rcenious Jane Louise Tolson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same (Yes, no. or unknown) (If yes give war or datas of service) Unknown Dorothy Bean-18. CAUSE OF DEATH (Enter only one cause pay line for (a), (b), and (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO Z 208 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Flem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) factory, street, office bldg., etc.) Not While Whila House a m at work at work 21. I certify that (I) (this hospital) attended the deceased from...194.U., and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on. ATTENDING 226. DATE 22a SIGNATURE STAFF 65 SIGNED 6 DIRECTOR PHYS. M.D. rector, page 22d. ADDRESS 22c. PHYSICIÁN S NAME (Type) Upper Marlboro, Maryland: Easscor. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ÷ 8 Epiphany Cometery Forestville Maryland C 2 7 1965 HEGISTRANS SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Ritchie Bros. Upper Marlboro, Md. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

ģ

C

letely I

affe≡

00 hospital certificate

O HOSPITAL
death, Page 4

0

0 1 *** 0 -١٠. j, o e'r. i I. 10...0 1 7 5 : - ec - [. * * * 570208. * I 5 (/1 / FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 should be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit mermit. File pages 1 and 2, with the State Department, of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16778

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			7
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

horacolou						
jl.	PLACE OF DEATH a. COUNTY			E (Where decessed lived, If		e before edmission)
CARG.	Prince George	MARYLAND	e. STATE	b. COUN	ITY	
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necess town)	a. LENGTH OF STAY IN 16		of Columbia. Foutside corporate limits, write	RURAL and give n	eerest lown)
	Cheverly	DOA	I la ab in et a	. 4		
Н	d. NAME OF HOSPITAL OR INSTITUTION (if not in h		Vashingtor			. IS RESIDENCE
						ON A FARM?
_	<u>Prince George General</u> H	A	1820 Trento	on Pl. S.E.		YES NO
3.	NAME OF First DECEASED	Middle	Lasi	4. DATE Month	1 Day	Year
	(Type or print) Herman	η	Bell	DEATH 12	77.	19 65
5.	SEX 6. COLOR OR RACE 7. MARR		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Ι.	THE OLD THE OWNER OF THE OWNER OF THE OWNER OWNE			lest birthday)	Months Days	Hours Min.
	Male Negro WIDOW	<u></u>	9 April 1939	1 26 угг.		
de	n. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	1			F WHAT COUNTRY
			North Card	olina	USA	
13.	PATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
	Herman T. Bell		Rowena	Cor		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address		
[Y-	is, no er unkown) ((fyesgivewarordelesofservice)			1820 Trenton		E.
				40E0 110110011		
	18. CAUSE OF DEATH Enter only one sause per	line for (e), (b), and (c).)			INTI	ERVAL BETWEEN SET AND DEATH
	PART L DEATH WAS CAUSED BY:	e Pulmonary ede	ma		1 -	nutes
	DUE TO					
	,					
	Conditions, if any, which (b) Mass	ive subarachnoi	d nemorrnage			
1	(a), stating the underlying DUE TO					
	couse lest. (c) Hype	rtensive heart	disease			
중	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(a) 15	. WAS AUTOPSY
ĮĔ					Y	PERFORMED?
5	200. EXTERNAL CAUSE WAS 20b. DESC	CRIBE HOW INJURY OCCURRED.	/Enter nature of injury in Pr	art I or Part II of item 18 1		20 00 110 11
CERTIFICATION	PRIMARY Or CONTRIBUTING	TRIBE HOW HOOK! OCCORRED.	(Enter notate or infatt in th	on r or r or non ro.,		
	CAUSE OF DEATH.					
₹			CE OF INJURY (Home, farm, ory, street, office bldg., etc.)		(County)	(State)
MEDICAL	Hour e.m. Whi	ile Not While tack	ory, alleer, office bidg., oic.,	1		
~	21. I certify that I took charge of the re		ld an Autonsy	Inspection . Inquir	v hel. and	in my opinion
ı				, Undetermined m		iii iiiy opiiiioii
	death resulted from: Natural causes 2	Accident , Suici			anner 🔲	
	1 //18		CHIEF MEDICAL E	XAMINER		
	ACTUAL SIGNATURE	who	M.D. ASSISTANT MEDIC	CAL EXAMINER	Di	ATE SIGNED
	EW HARMENIA -		DEPUTY MEDICAL	EXAMINER 🕞		
	NAME (Type) John Kehoe, M.D.	Riverdale, Md	Address (Street, ci	ity, fown, or county)	12-1	14-65
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	Transfer famous and	22d. LOCATION (City, lown	or county)	(State)
	REMOVAL (Specify) 3 1/2/20/1965	Arlington		Anlington W	medada	
- 22			24, 056	Arlington, Vi		(BC
	W. Ernest Jarvis Co., Inc	1432 You Stre	et, Noher	7 1965 Pelie	sila Jud	
	,		I NI ± .	1 1915 1 1/2	1 1 1	1

YR AISME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH A. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution; Residence before edmission) the funeral director. Page ptained for your files. State Department of a. COUNTY a. STATE is necessary, Prince Maryland George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, #. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Riverdale Riverdale after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE delay ON A FARM? YES TO NO 6306 Hospital 46th Memorial Avenue NAME OF any Middla 4. DATE Last Month Day Year DECEASED OF (Type or print) DEATH 19 65 Bel] Kingerly Raymond 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. last blithday) Months of the property of the pages 1, 2, and of the pages 1, 2, and of the pages 1, 2, and of the pages 1 and 2 and 2 and 2 and 2 and 2 and 2 DIVORCED WIDOWED Male MEDICAL EXAMINER: This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work JOB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, eyen if retired) SUPERVISER event 13. FATHER'S NAME MOTHER'S MAIDEN NAME in any Hattie EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address and ic 18. CAUSE OF DEATH Enter only one cause par line for (e), (b), and (c). INTERVAL BETWEEN or removal, Office along burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes DUE TO wArteriosclerotic heart disease ın knowr cremation, please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's C O FUNERAL DIRECTOR: Page 3 should be used as a bleafth or its designated agent, prior to burial, cremation, gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NOX 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER F EXAMINER'S Riverdale. Kehoe, M.D. NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOYAL (Specify)

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE liane

Judge

VR AISME 5M 1/63

FUNERAL DIRECTOR

SLOERVISOR PRIKED TRUCK THAPHIN, PENING 45 A.
JOSEPH BEIL 197-10-7048 KENA BEIL-6306-46 & ARE ARE

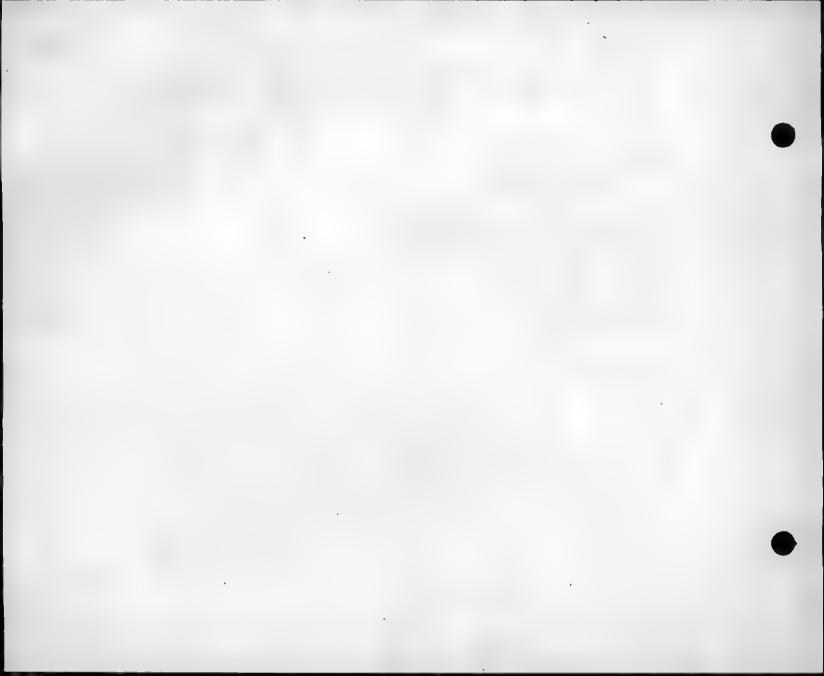
10-	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
<u> </u>	西公生		16780 CERTIFICATE OF DEATH
after death	and 2 death.	7	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY 5. COUNTY 6. COUNTY
Tel	the fes 1 after	-	Prince George Maryland Pr. Geo.
and the state of t			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hours	.E		Cheverly D.O.A. Mt.Rainier
A E	filled lapers. n 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM?
12.2		7	Prince Georges Gen. Hosp. 4301 - Kaywood Drive YES NO NO
- 獲	rbon p		3. NAME DF First Middle Last 4. DATE Month Day Year
2 1 =			(Type or print) Leonard A. Blush Dec. 5 1965
A SPE	夏题)		5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Oays Hours Min.
x con	a and		Male White WIODWED OIVORCED 6/1/1903 62 yrs.
ge,	se r	- 1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, er foreign country) 12. CITIZEN OF WHAT COUNTRY?
at A	physician n please r val, and in	-	Machinist U.S.GovtRet. Washing ton, D.C. U.S.A.
3 A.E.	g pf		Edwin H. Blush Gertrude B. McDonald
名音	를 는 팀	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
J. 1/€	the attending it permit. The lation, or remo		(Yes, no, or unkown) (If yes nive war or dates of service)
Chi e	be street tion		No 579-10-0996 Mrs. Mary L. Blush (above address) 18. CAUSE OF DEATH [Enter only one cause per Line for (a), (b), and (c).] (Wife) INTERVAL BETWEEN
人 2章.	. A S E	- 1	PART I, DEATH WAS CAUSED BY:
N Spin			IMMEDIATE CAUSE (a) CATALLALLY VOC CONTROL OF
12 PM	pnysician signed burial-tra burial, cr		Conditions, if any, which) OUE TO QUE OU COSSELL SCAFE Alary December 2 (ROS)
名の書	to be to		gave rise to immediate cause (a), stating the OUE TO
23	has be as th prior		underlying cause last. (c)
	- A		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
y	ficate h for use Health	per	돌 YES 및 ND 및
PHYSICIAN:			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT
Z 55 7			· · · · · · · · · · · · · · · · · · ·
	2 7 9		Hour a.m. While — Not while — factory, street, office bidg., etc.)
K B	After to be de de state		
ATTENDING	the day		21. I certify that (I) (this hospital) attended the deceased from the control of the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the control of the data attended the deceased from the data attended the deceased from the data attended the deceased from the data attended the data attended the deceased from the data attended the data attend
	it shall		saw the deceased alive on 1965, and that death occurred at 86 M, from the causes and on the date stated above.
8 8 8			Samuel Malegar M.O. ATTENDING MEO. OFRECTOR PHYS. 12-5-6J
TAL		I	22c. PHYSICIAN'S NAME (Type) SO A LITE IN A SUIG ON 22d ADDRESS TACKED A ALL WASH 18
IASD S	rage 4 ma D FUNERAL director, pa should be f		CATALLY VOGAL 463) ENSIGEN NOT DO
O HOSPITAL	o FUNE directo should	0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 12/8/65 Fort Tincoln Cemetery Colman Manor. Md.
-	=	1	AL CHARGE CIPERTON
Vp	R A15 (4)	0	Walley's Michaelli Dro 40 1007 Whoules Judal
	18 4.64		Funeral Home Inc. Maryland ODEC 10 1965 Funeral





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b.county Prince George's STATE Maryland attending physiciae and completely filled in by the fi ermit. Then please remove carbon papers. Pages 1 n, or removal, and it any event, within 72 hours after Prince George's MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 5 davs Oxen Hill Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5410 Thompson Lane NO. YES executed within NAME OF DECEASED DATE Month Year First Middle Last (Type or print) DEATH 19 65 Herbert Brown December 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF SIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS **NEVER MARRIED** last birthday) Months Davs Hours July Male Negro WIDOWED XX DIVORCED 29, 1900 65 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. 81RTHPLACE (County & State, or foreign country) COUNTRY? PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. ANDUSTRY .5 FATHER'S NAME MOTHER'S MAIDEN NAME 12000 V 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit nould be filed with the State Dept, of Health prior to burial, cremation, or r 17. (Yes. no. or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND OEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a DUE TO an Conditions, if any, which (b) gave rise to immediate DHE TO (a), stating underlying cause last (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) for use Health p PERFORMED? NO XX YES . 20a. ACCIDENT WAS UNDERLYING (20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bidg., etc.) Hour a.m. While Not While ATTENDING be retained by at work 19 at work 1965 to Dec. 27 21. I certify that (I) (this hospital) attended the deceased from Dec __ 19<u>65</u>_, that (I) (we) last 19 65, and that death occurred al.1:05M, from the causes and on the date stated above. 27 saw the deceased alive on_ Dec. 22b. DATE SIGNED SIGNATURE pm **ATTENDING** PHYS. XX Dec. 28, 1965 DIRECTOR M.D. PHYS. PHYSICIAN'S 4 may 22d. ADDRESS director, p should be NAME (Type) 4410 74th Ave. Bellemead, Maryland Louis Mendel. (State) 23a. BURIAL CREMATION. 23h. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY		Z. USUAL RESIDENCE (When		lesidence before admission)
Prince George's	MARYLAND	e. state Maryland	ь соинту Prince Ge	eorge!s
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16 DOA		eorporate limits, write RURAL and	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRESS	V 3.4.4.0	I e. IS RESIDENCE
Prince George's Hosp:	ital	3417 Tulane	Drive Apt. 24	ON A FARM?
3. NAME OF First DECEASED (Type or print) Donald	James	Brownett OF	Dec	Day Year 21 19 65
PI WID	OOWED DIYORCED	June 18, 1932	yrs.	Deys Hours Min.
	Ob. KIND OF BUSINESS OR INDUSTRY University of Md			S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-	
Milton Brownet	t	Cecelia Boy	rle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyasgivewerordetesofservice) 11 O	137 26 7982 Sha	NPORMANT aron F. Brownett	Address W Hyattsvill	e, Md.
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), end (c),			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Status &sthmatic	cus		Minutes
X DUE TO				
Conditions, if eny, which (b)	Bronchial asthma	<u>a</u>		20 years
tal, swing me uncersying				
	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	16) 19 WAS AUTODOV
САПО				PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Pe	rt II of item 18.)	
Hour a.m.		CE OF INJURY (Home, farm, 20f, ory, street, office bldg., atc.)	(City or lown) [Cou	nty) (State)
21. I certify that I took charge of the	remains described above, he	ld an Autopsy X, Inspecti	on K , Inquiry X,	and in my opinion
death resulted from: Natural causes	X. Accident . Suici	de	Undetermined manner]
ACTUAL SIGNATURE	Mehne	M.D. ASSISTANT MEDICAL EXA	MINER [DATE SIGNED
EXAMINER'S John Kehoe, 1		DEPUTY MEDICAL EXAMIN Riverdale, I Address (Street, city, fown,	G o county)	12-22-65
226. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL [Specify] Burial Dec 24, 19	22c. NAME OF CEMETERY OR 65 St Gertrude	Rahv	CATION (City, town, or county)	
23. FUNERAL DIRECTOR	tsville, Md.	DEC 27		gnature Judge

VR A1SME 5M 1/63



FOR STATE HEALTH DEPT

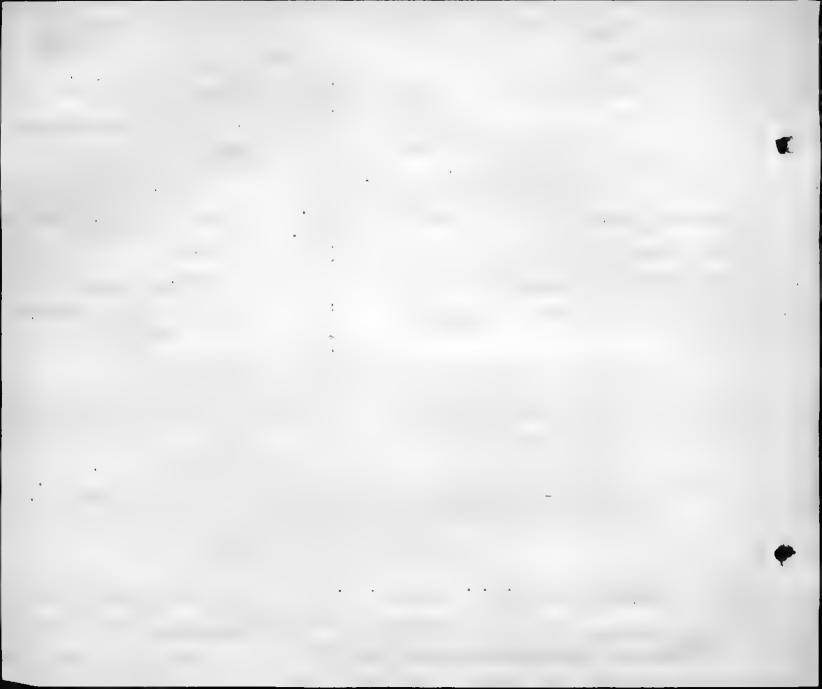
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pager 1. Zhand 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages? and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

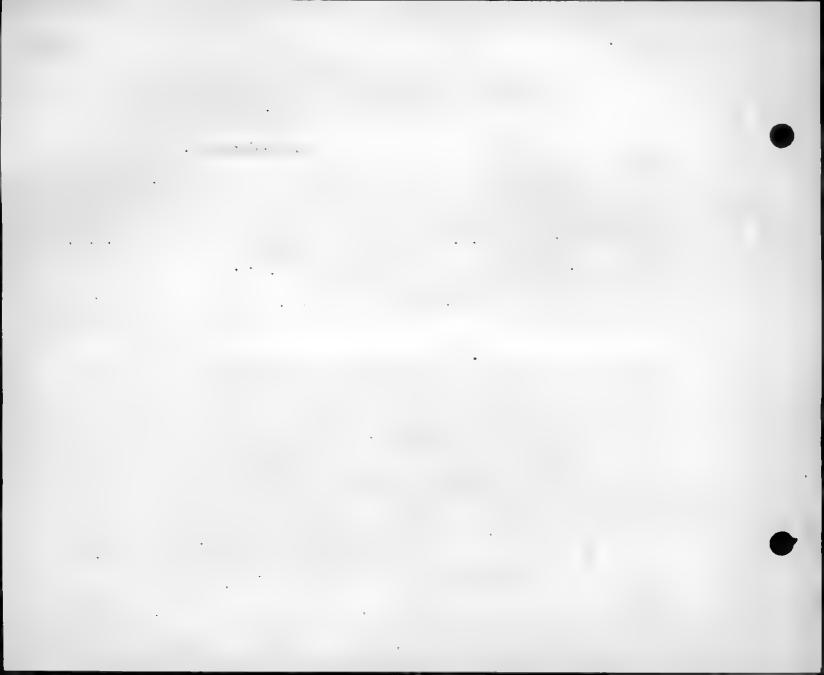
VR A15ME

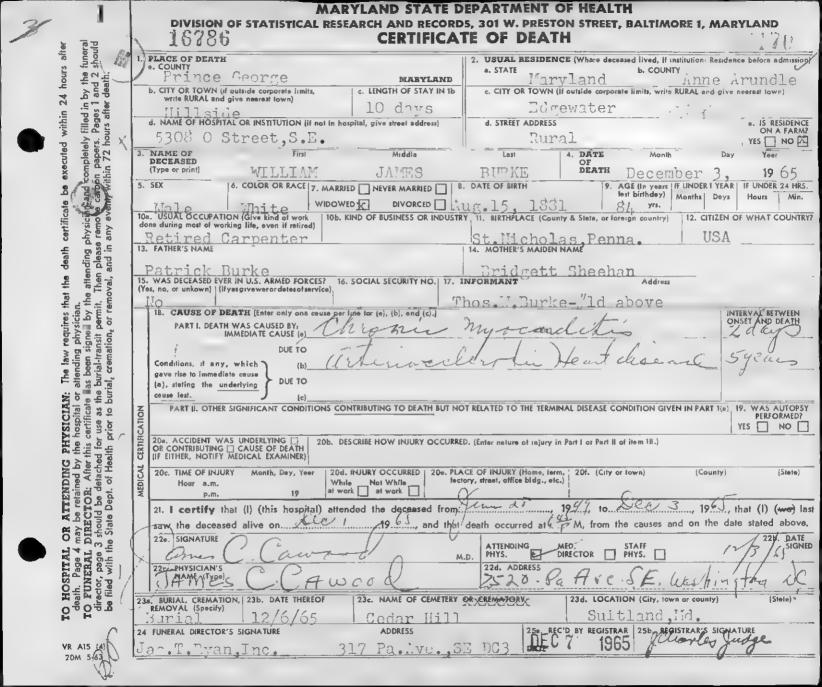
MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

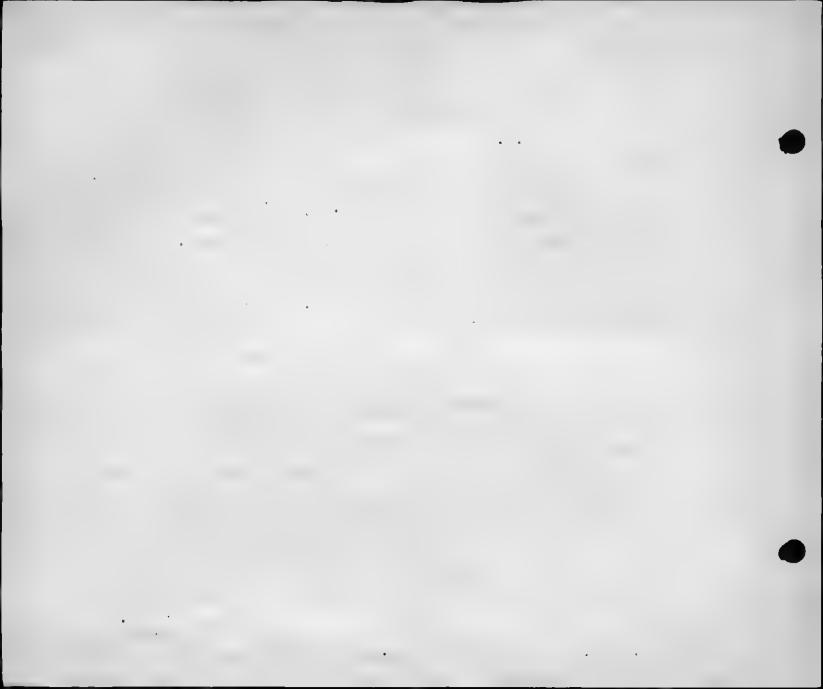
							J. W.	1
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution and insti							lence before	edmission)
		MARYLAND					re Is	
	corporate limits, (if outside corporate limits,							vn)
		DOA	Y Groom					
			d. STREET ADDRESS	¥				ESIDENCE
	Prince George General Hos	nital	Trump Hill	Road				A FARM?
3.	NAME OF First	Middle Middle	Test Test	4. DATE	Month	Da		
	Type or prietl	ic Present		OF DEATR	10			
5.				9, AGE	(In years I	IF UNDER 1 YEA	3 [
	25 7			last b	oirthday)		1	Min.
10a	USUAL OCCUPATION (Give kind of work 10b. KIND		Y 11. BIRTHPLACE (State		7 71%	1 12. CITIZEN	OF WHAT	COUNTRY
done during mout of weeking life, even if refired) Md.						-20141613		
				NAME		1		_
	John F/ Bryant							
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC				Address			
{Ya	, no, or unkown) (Ifyesgivewarordetesofservice)	G	race A. Bry	aht Hun	t	-Siste	r	
1	18. CAUSE OF DEATH [Enter only one cause per line i						-	TWEEN
	PARTY DEATH WAS CAUSED BY.							
	110.1							
	- m - m - /							
	geve rise to Immediate cause							
	(a), stering the underlying							
z								
4710							PERFO	RMED?
FIC	20a. EXTERNAL CAUSE WAS 20b, DESCRIBE	HOW INJURY OCCURRED.	(Enter neture of injury in P	art Lor Part II of item	1B.)		1122	NO K
CER	PRIMARY GO OF CONTRIBUTING GO CANEE OF CONTRIBUTING GO CANEE OF CONTRIBUTING GO CONTRIBUTING G							
3	20c, TIME OF INJURY Month, Day, Year 20d, INJU	IRY OCCURRED 200. PLAI	CE OF INJURY (Home, farm,	. 20f. (City or low	m)	(County)	353	(State)
EDK	Thour a.m. 12 27 65 While	Not While facto	ory, street, office bldg., etc.	23.77	TD. *	(COUNTY)	Mid.	(3-612)
2	21 I martifu that I tack shows of the	I at work [XI] MGTM	OH DEON DOO	restville	, Fri	nce Geo		
		/ 	. —				id in my o	pinion
	dean resulted from: Maintar dauses	Mocideut [30] 2010			nined ma	enner []		
	BUTTLE A. W. X	Kal						
	SIGNATURE /		M.D.				DATE SIG	NED
	examiner's John Kehoe, M.D.	Riverdale M	.21			7.0	20 4	
2250	BURIAL CREMATION, /225, DATE THEREOF 226							
	REMOVAL (Specify)	Maria ma	man Amb	21,000		Vale	m	1
23.	FUNERAL DIRECTOR	ADDRESS A	1 240 REC	D BY REGISTRAR 1 2	Ab REGI	STRAR'S SIGNA	TURE	
D.	General Trackington 1 home	1925 Abail	IN TELLIAN	2 //	an and a	-/	udal	
1	CYVUIA: MUMICUATION TOURS-	12 I want	A MY IN I DAILE IN	0 1000	1	1		
	3. 10m. don 13. 15. (Year CERTIFICATION	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neares) town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Prince George General Hos) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED Male Negro WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during the decided with the print) Holl working life, even if retired) 13. FATHER'S NAME John F / Bryant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes give were refered by the part I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (e) Depression of the part II. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (e) Depression of the underlying cause lest. 7. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF CONTRIBUTIONS (c), steting the underlying cause lest. 8. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (e), steting the underlying cause lest. 8. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (c). TIME OF INJURY Month, Dey, Year 20d, INV. Hour e.m. 12-41apm. 12-27-1965 White et work 21. I certify that I took charge of the remains death resulted from: Natural causes SIGNATURE EXAMINER'S John Kehoe M.D. 22. BURIAL CREMATION 22b, DATE THEREOF 22c REMOVAL (Specily) Will C. 31 Main 12-22c REMOVA	B. COUNTY Prince George Is b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Cheverly d. NAME of HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George General Hospital 3. NAME of DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (I) Negro WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of waying life, even if retired) Half (I) Hasping life, even if retired) 13. FATHER'S NAME John F/ Bryant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. If Yes, no, or unknown) (Hysegivewarordetsofservice) 16. CAUSE OF DEATH [Enter only one cause per line for is), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO CONDITIONS, Which gove rise to Immediate cause (e1, stering the underlying cause lest. CO. EXTERNAL CAUSE WAS PRIMARY (G) or CONTRIBUTING (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. Passenger in car which cause (e2, stering the underlying (c) 200. EXTERNAL CAUSE WAS PRIMARY (G) or CONTRIBUTING (C) PASSENGER IN CAR While Service (e1) at work (E) and the conditions (E)	B. COUNTY Prince George S MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Cheverly d. NAME of HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George General Hospital Prince George General Hospital Number of Decrased (Type or print) Joseph Francis Bryant S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12. Jan. 1918 10e. USUAL OCCUPATION (Give kind of work doors during front of weaking life, even if retired) 13. FATHER'S NAME John F/ Bryant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no, or unknown) ((Hyse give warordelseofservice) 16. CAUSE OF DEATH [Enter only one cause per line for ia), (b), and (c).] PART I. DEATH WAS CAUSED BY. MARYLAND C. CITY OR TOWN (i) C. CROOM d. STREET ADDRESS Trump Hill Last Trump Hill Last Town Hill Last Trump Hill Last Holde DUB TO Conditions, (i) A. MOTHER'S MAIDEN Alice Lee 12. Jan. 1918 13. MARGE OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State Md. 14. MOTHER'S MAIDEN Alice Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no, or unknown) ((Hyses) investor-delseofservice) 16. SOCIAL SECURITY NO. 17. INFORMANT Grace A. Bry 18. CRUSE OF DEATH [Enter only one cause per line for ia), (b), and (c).] PART I. DEATH WAS CAUSED BY. (b) DUE TO Conditions, ii any, which geve rise to Immediate cause (a), stelling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN TO CONTRIBUTING PASSED EVER IN LINE (Social Security) PASSED EVER IN LINE (Social Security) While Not While Not While Security (Hone, John Melly Occurred) 12. Lee Extremal Cause M.D. ASSISTANT MED DEPUTY MEDICAL M.D. ASSISTANT MED M.D. ASSISTANT MED M.D. ASSISTANT MED DEPUTY MEDICAL M.D. ASSISTANT MED M.D. ASSISTANT MED DEPUTY MEDICAL M.D. ASSISTANT MED M.D. ASSISTANT M	a. SCUNTY Prince George s MARYLAND b. CHY OR TOWN if everide corporate limits, write RURAL and give nearest fown) Cheverly d. NAME of Hostital or institution (if not in hespital, give street eddress) Prince George General Hospital 3. NAME of Brief Doseph Francis Bryant 5. SEX	a. COUNTY Prince George is MARYLAND b. CITY OR TOWN (it cuticle coppose) fimils, write UALLA end give nearest lown) Cheverly Cheverly A. MARE of Nositial or Institution if not in hospital, give street eddress) Prince George General Hospital 3. NAME OF HOSTIAL OR INSTITUTION If not in hospital, give street eddress) Prince George General Hospital 3. NAME OF DECERSED (Type or print) 5. SEX 6. COLOR OR RACE / MARRIED NEVER	a. COUNTY Prince George's MARYLAND b. CITY OR TOWN He duilide corporate limit. write RURAL and give nearest lawn) Cheverly. A NAME OF DATE DECARDS Prince George General Hospital, Brig Middle DECARDS Prince George General Hospital JOSEPH Francis SEX ACOUNT PRINCIPAL AND ADDRESS Trump Hill Road Last DATE DECARDS Trump Hill Road Last DATE DATE DATE DATE DECARDS Trump Hill Road Last DATE DATE DATE DECARDS Trump Hill Road Last DATE DATE DATE DATE DATE DATE DATE DATE	**SAFE SCOUNTY Prince George Is MARYLAND B. COUNTY Prince George Is b. CLINT Prince George Is b. CLINT Prince George Is b. CLINT OR TOWN If outside corporate limits, write RURAL and give necessit low? **CHOYOR IVE outside corporate limits, write RURAL and give necessit low? **Cheverly** **Che



VR A15 (4) 15M 4-64

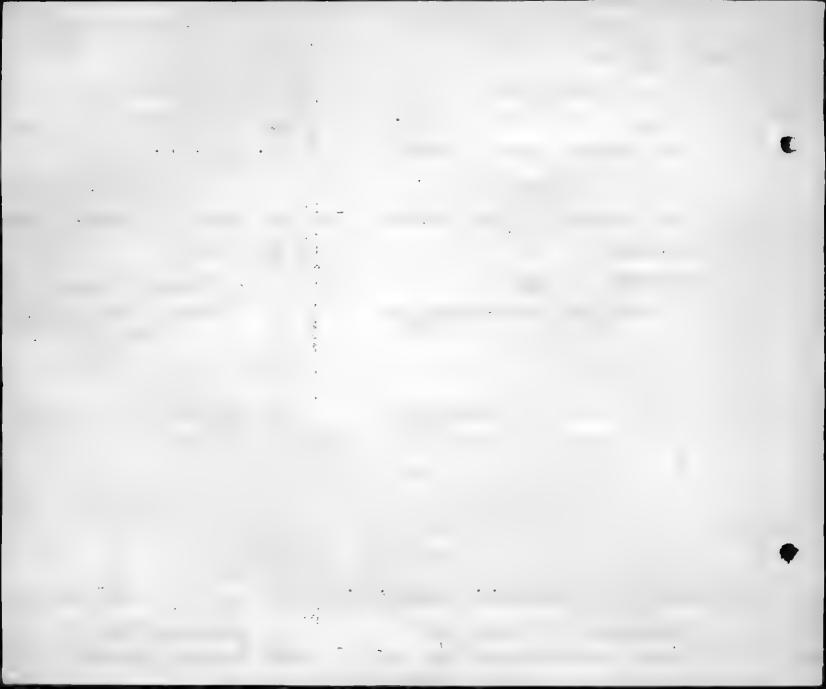






Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) any delay is necessary, a funeral director, Page tained for your files. State Department of s after death. e. COUNTY b. COUNTY Prince George's District of Columbia MARYLAND b. CITY OR TOWN (if outside corporate limits, 4. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town! Cheverly 30 min. Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained State YES NO X Minn. Prince George General Avenue NAME OF DATE with the S DECEASED to the OF [Type or print] DEATH 19 65 Robert Daniel Bussie 9 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 1, 2, and 3 is sge 5 may be and 2 with within 72 lest birthday) WIDOWED 3 DIVORCED Male Negro within 24 hours after 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if refited) 18. Give Pages 1 h form ₹143. Pag U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) ! (Ifyet give war or dates of service) with in flem 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure one hour IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be 4200 DUF TO ö Arteriosclerotic heart disease 2. unknown Conditions, if any, which "panding" gave rise to immediate couse please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a limit of its designated agent, prior to burial, cremation **DUE TO** (a), stating the underlying equise last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ☐ NO 页 20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yang 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection Inquiry and in my opinion Natural causes XXX Undetermined manner death resulted from: Suicide Accident Homicide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Riverdale, Md. 12-15-65 NAME (Typa) John Kehoe, M.D. Address (Streat, city, town, or county) 224. BURIAL, CREMATION, 1221 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOYAL (Spacify) 40 23. FUNERAL DIRECTOR REC'D BY REGISTRAR YR A15ME 5M 1/63

MAILVLAND STATE DEPARTMENT OF HEALTH



FOR STATE

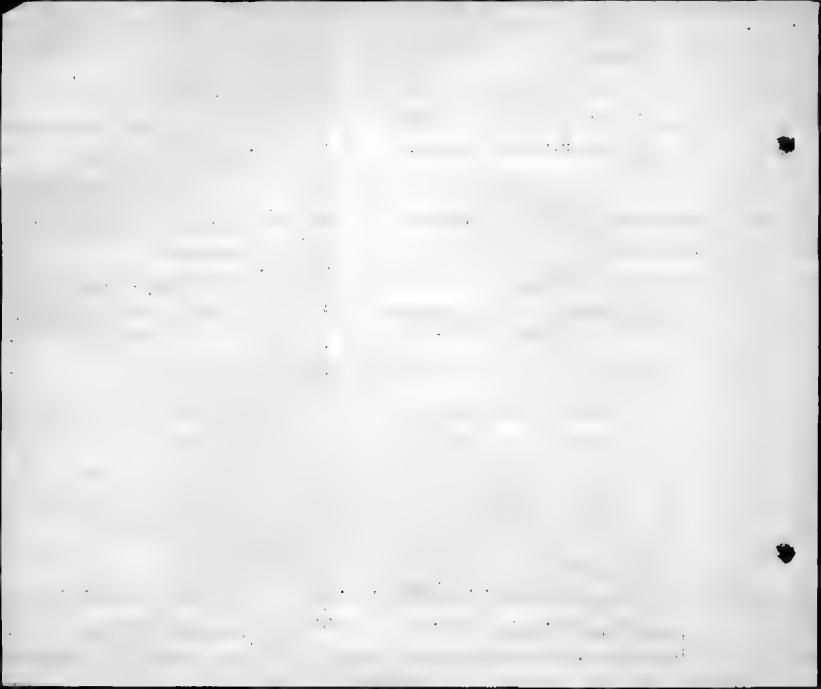
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16788 MEDICAL EXAMINER'S CEPTIFICATE OF DEATH.

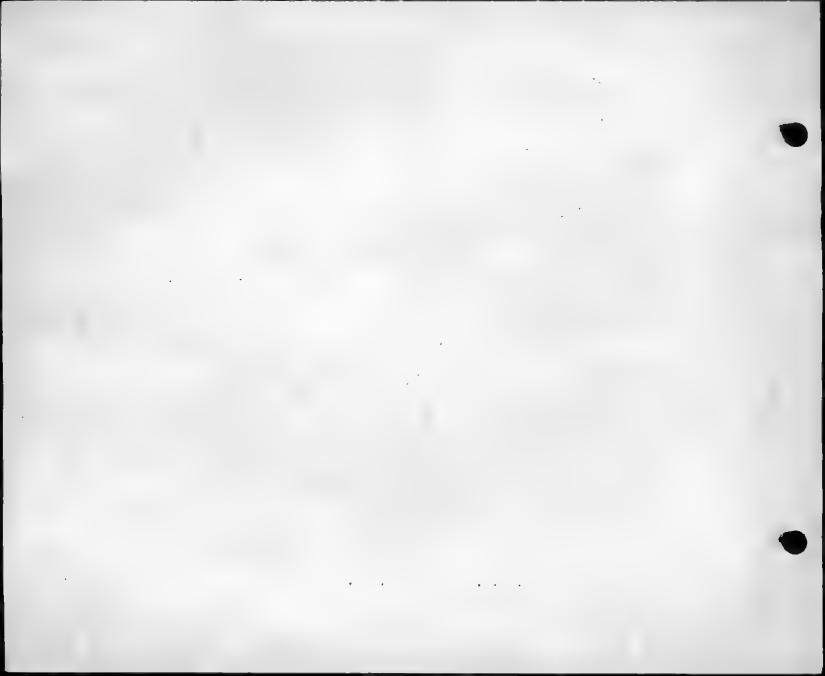
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

		PLACE OF DEATH •. COUNTY				institution: Residence before edmission)		
1		Prince George's	MARYLAND	• STATE Maryland	b. coun	e George's		
-		b. CITY OR TOWN (if outside corporate limits, c. LENGTI	H OF STAY IN 16		(If outside eorporete limits, write			
		write RURAL and give nearest town)				north and grie mortal learny		
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AXX.	Marlowe H				
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give a Magnolia Nursing Home	reet eddress)	d. STREET ADDRESS	5	IS RESIDENCE ON A FARM?		
11		xhronecococococococococococococococococococ	where	5930 28th	. Avenue	YES NO		
		NAME OF First	Middle	Last	4. DATE Month			
		DECEASED (Type or print) Targraph		0	OP DEATH 7	0/ 10/=		
	5	Tawrence	*	Carr DATE OF BIRTH		2 26 1965		
	Ψ'	Y. WARRED TO MEAN		. DATE OF BIRTH	last birthday)	Months Devs Hours Min.		
		THE TE		22 June 1894		The state of the s		
-	10a do	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS) ne during most of working life, even if retired)	NESS OR INDUSTRY	Y 11. BIRTHPLACE (Stell	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
)		Retired Painter		New Yo	rl			
	13.	PATHER'S NAME	1	14. MOTHER'S MAJDEN				
		William Carr		7°	TT			
	112	William Carr Was Deceased Ever in U.S. Armed Forces? 16, social sec	na amateura a auto (arte or		a Hayes			
	(Ye	is, no, or unknown) [(free give we rordeles of service)]		NFORMANT	Address			
				onard R. Ca	rr- Same as It	tem #2		
		18. CAUSE OF DEATH Enter only one cause per line for (a), (i	o), end (c).)			INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Metastatic	onset and death					
		DUE TO	Carcino	·		Over T AL		
		Conditions, if eny, which \ (b) Carcinoma o	D 1	. 1 . 7 . 1		7		
	Ш	over 1 yr.						
geve rise to immediate couse (e), steting the underlying cause lest. (c)								
	ఠ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
	팃					YES NO ST		
C	띭	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter neture of injury in	Pert I or Pert II of item 18.)	1.0 [] [2]		
	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		,	,			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour e.m. While Not While fectory, street, office bldg., etc.)						
	¥	p.m. 19 of work of work						
		21. I certify that I took charge of the remains described	ibed above, hel	ld an Autopsy	Inspection X Inquir	y C and in my opinion		
		death resulted from: Natural causes , Accident . Suicide . Homicide . Undetermined manner						
	SIGNATURE							
			rdale, Mo		city, town, or county)	12-27-65		
	226	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME REMOVAL (Specify)	OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lown,	or county) (State)		
		- 1 P 1/1	Olivet Ce	meterv	Washington D	C		
	23.	SUNES NECTOR ADDRES		74a~ P5	C'D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE		
	Si	immous Bros 1661-Good Hope RD S	E Mark T	UEU	28 1965 gch	carles Judge		
	607	rumons plos and mobe kn 2	E Wash I	DC DATE	//	The state of the s		

VR ATSME 5M 1/63



4 1		MAKYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE	18789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	PEPIA)	1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b, CDUNTY Prince George's MARYLAND Prince George's
ary eral	ath.	Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the funeral e 5 may be	Department after death.	Cheverly DOA Oxon Hill
ge the	afte	Cheverly DOA Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2000	State hours	Prince George General Hospital 7506 Oxon Hill Road YES NO X
any dela 2, and PM3.	the S 72 ho	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Guy W , 5. Castle JR. DEATH 12 5 19 65
P. 2. P. C.		5. SEX
ages.		Male White WIDOWED 1 DIVDRCED 22 March 1915 50 yrs. Months Days Hours Min.
after death. Give Pages ong with for	even	102. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) COUNTRY?
rs afte 18. Gi		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours tem 18 ice ald	pages in any	the 21. S. Costle So. Harriet Barne
7. -	and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY ND. 17. INFORMANT (Yes, To, or unknown) ((If yes give war or dates of service)
iffin cif ii	permit. removal	Les W. W. TI Elabrown Havint B. Centle Same as # 2
i be executed within 2 "pending" in pencil in Medical Examiner's	rem	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
erite Example	ansit 1, or	IMMEDIATE CAUSE (a) Aspiration of Vomitis
ndin	al-tri	Gonditions, if any, which (b) From coronary artery occlusion
d be per per per per per per per per per per	cremation, or	cause (a), stating the DUE TO From Arteriosclerotic heart disease unknown
shou vord Chied	as a	underlying cause last. (c)
EXAMINER: This certificate should be exe certificate, writing the word "pendin ould be forwarded to the Chief Medicales.	used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PRIMARY OF THE PRIMARY OF THE PART II. OF ITEM 18.) PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI
	be u	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF DEATH.
is ce writi arde	burd t, pr	
R: Thate, forw	3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work at work
Tiffic be	970	21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection x, Inquiry x, and in my opinion
the certi	TOR: Pag lesignate	death resulted from: Natural causes, , /Accident , Suicide , Homicide , Undetermined manner
CF. the	S des	CHIEF MEDICAL EXAMINER
MEDI Scute Page	or its	SIGNATURE
TO DEPUTY MEDICAL Blease execute the director. Page 4 s	FUNERAL DIRECTOR: Health or its design	EXAMINER'S John Kehoe, M.D. Riverdale, Id. Address (Street, city, town, or county)
DEPUTY lease ex rector.	EZ ^	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0 20 2	200	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A	15ME	W. W. Chambers & In. 517-11- 11 f. E DEC 9 1965 Icharles Judge
350D	4-64	The grant of the state of the s



AL INC



FOR STATE HEALTH DEPT.

O DEPUTY MEDIONE EXAMINER: This certificate should be executed within 24 hours after death. If any delay, so decessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINED'S CERTIFICATE OF DEATH

	20000 MEDICAL EXAMINER 3	CENTIFICATE OF BEATTI	4 9
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
		a, STATE b. CDUNTY	
-	Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	Maryland Prince G	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITT DR TOWN (1) outside corporate maints, write RORAL (Blid Ride treatest rount
	Cheverly	Cottage City	
	d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		1000 B 3 31133 B - 1	
-	Prince George General Hospital	4003 Bunker Hill Road	
J.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Raymond Augustine	Chism DEATH 12	8 19 65
5.		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
	WIDOWED TO DIVORCED TO		Days Hours Min.
10	IN 1 e White Whomes Divorces 1		TIZEN OF WHAT
dui	ring_most of working life, even if retired)	CÓI	NTRY?
	Retired Co.	Washington D. C. U.S.	6 A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Frederick Johnson Chism	Clara ?	
16		INFORMANT Address	
(Y	es. no. or unknown) [(If yes give war or dates of service)]		
	Yes WW 1 1985 OT SERVICE 579 -14-6215A L	ena Chism Same as #2 (wife)	_
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	DART I DEATH WAS CAUSED BY.	1	ONSET AND DEATH
	IMMEDIATE CAUSE (e) Right coronary art	ery occuusion	minutes
	9 x C' DUE TO		
	Conditions, if any, which (b) Arteriosclerotic h	eart disease	over 6 months
	gave rise to immediate (cause (a), stating the DUE TO		
	undo-lules serves lash		
ĮΖ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
12	The state of the s		PERFORMED?
2		Α	YES X ND
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
質	PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.		
Ę	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA	CE DF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
18	Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)	
	p.m. 19 et work at work		
	21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔀 , Inspection 🔀 , Inquiry 🛣 ,	and in my opinion
		icide . Homicide . Undetermined manner	
	1	CHIEF MEDICAL EXAMINER	L
	ACTUAL / O /		22. DATE SIGNED
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER [
	EXAMINER'S T-1/- T/-1- N D D D	DEPUTY MEDICAL EXAMINER 🔀	20 0 / "
L	NAME (Type) / John Renoe, M.D. Riverdale, M		12-9-65
23:	a. BURIAL, CREMATION, 230. DATE THEREOF 23c. NAME OF CEMETER		nty) (State)
	Bullington N	ational Arlington,	Va.
24	I. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	Francis Gasch's Sons Hvattsville, Mo	1. JEC 1 6 1965 Jelianles	Judge
	Francis Gasen's Bons Hyansville, Mc	10 DMF 1 () 1000 1	1 6

VR A15ME (5) 5M 1/65 12



15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY y filled in by the fu papers. Pages 1 a hin 72 hours affer d b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Mary land Prince Georges
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in d. STREET ADDRESS d. NAME OF HOSPITAL DR (NSTITUTION (if not in hospital, give street address) event, within 6417 Landover Rd. Prince Georges General Hospital The law requires that the death certificate be executed within NAME OF DATE First Middle Last DECEASED (Type or print) DEATH Clark Dec. . Guv 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24HRS. 7. MARRIED X NEVER MARRIED last birthday) Months 1895 Male WIDOWED J 29 May 70 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Co Maine physici 200 Auditor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, Omar Clark Ellen M. Holder transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) (If yes give war or dates of service) Hospital records no been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. CEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE OUE TO Conditions, if any, which gave rise to immediate DUE TO this certificate has bee detached for use as the e Dept. of Health prior to cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1206, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) ø Hour a.m. Not While O FUNERAL DIRECTOR: After director, page 3 should be calculd be filed with the State ATTENDIE be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased-from saw the deceased alive on-ATTENOING PHYS. TO KOSTILIA Page 4 may t DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 2 REMOVAL (Specify) 1965 Ft Lincoln Cemetery Burial Dec 17

Address Cheverly, Md. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY THE TERMINAL OF SEASE CONDITION GIVEN IN PART 1(2) PERFORMED? YES 7 NO T 20b. OFSCRIBE NOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) (State) (County) and that death occurred at 6.20 A Mrom the causes and on the date stated above. 23d. LOCATION (City, town or county) Colmar Manor, Md. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE F. Gasch's Hvattsville, Md. 'ons

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE DN A FARM?

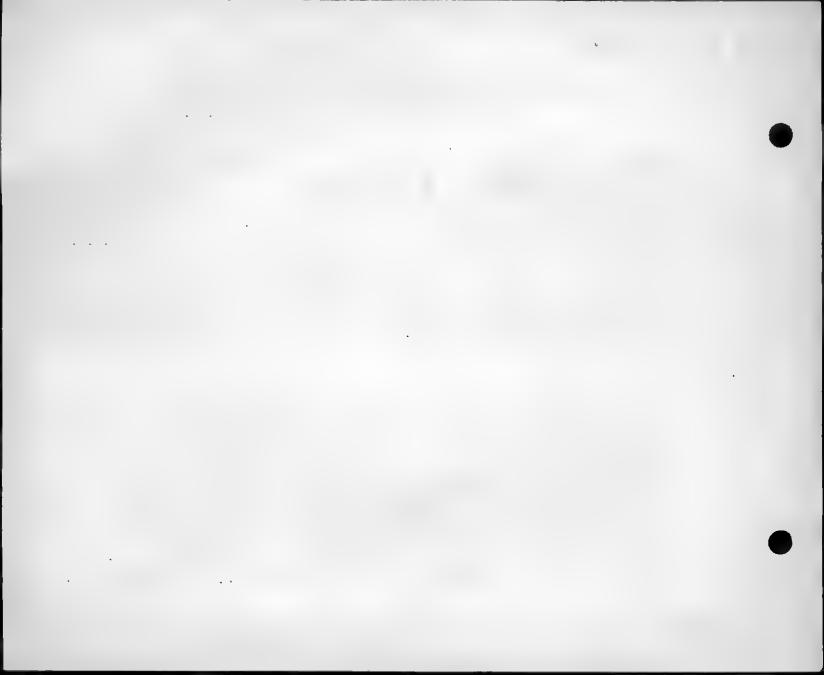
YES NO X

 $15 \pm E = 1965$

Days

12. CITIZEN OF WHAT





Page 4 may be retained by the hospital or attending physician.

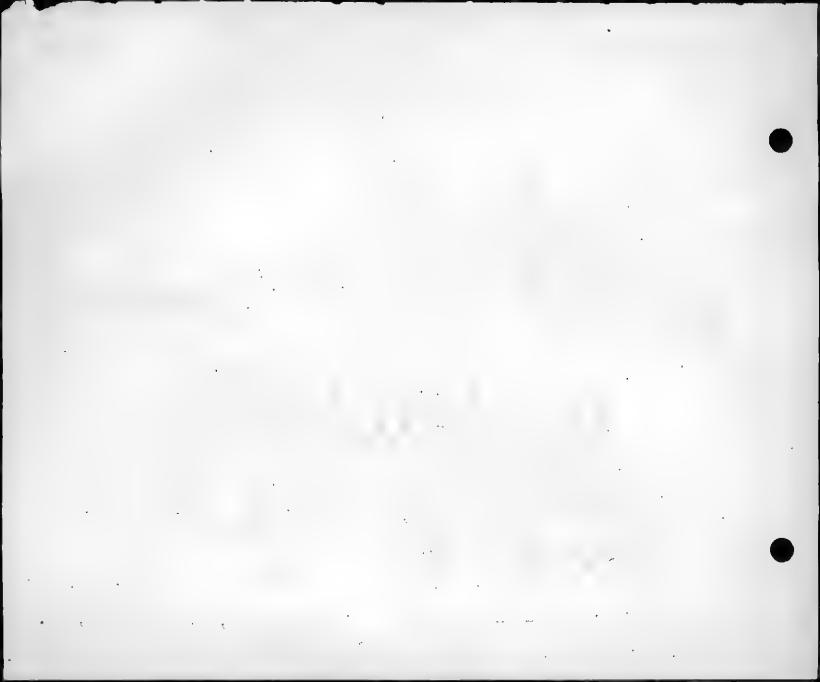
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6796
CERTIFICATE OF DEATH

10000	OFIVER IONE	O DEMIN		k # **		
1. PLACE OF DEATH a. COUNTY				titution: Residence before admission)		
	Manya and	a. STATE	b. COUN	nce George's		
Prince George's b. CITY OR TOWN (If outside corporate lim	MARYLAND lits, c. LENGTH OF STAY IN 1b	Maryland		Ite RURAL and give nearest town)		
write RURAL and give nearest town)	c. LENGIH OF SIAT IN ID	V		ITO KOKAL and give nearest town)		
Cheverly	2 days	√ Upper Ma	rlboro			
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
Prince George's Gen	eral Hospital	Box 4217		YES NO		
3. NAME OF First DECEASED	Middle	Last	4. DATE Month			
(Type or print) James	H	Coates	DEATH 🏓 🛊 🚓 📆	per 2 1965		
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24HRS.		
Male Negro W	DOWED DIVORCED	April 26, 19		Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?		
Truck driver		Marvl	r el	L A.		
13. FATHER'S NAME	-	14. MOTHER'S MAID		1		
- 1		Gr (ce)	mitn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITYNO. 17.	INFORMANT	Addres			
(Yes, no, or unkown) (If yes give war or dates of servi	CE)		4	*		
	2/6 22 0323 EV	rolji Jos	tes opper	ror, a.		
18. CAUSE OF DEATH [Enter only one cau	se per line for (a), (b), and (c).]			INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	Cerebral Infarctio	n (loft tom	nemal label	ONSET AND DEATH		
IMMEDIATE CAUSE (a)	Cerebral Intarctio	m (Tell cem	horar rone;			
DUE TO						
Conditions, if any, which (b)_	Cerebraal Thrombos	is (left an	terior cerebra	l artery)		
cause (a), stating the DUE TO						
underlying cause last. (c)	Cerebral Arterioso	lancie				
PARTII. OTHER SIGNIFICANT CONDITIONS C Hypertens 2 on 2Da. ACCIDENT WAS UNDERLYING [] DR CONTRIBUTING [] CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)			ISEASE CONDITION GIVEN IN	PERFORMED?		
Hypertension				YES NO NO		
DR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of	injury in Part I or Part II o	f Item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		E OF INJURY (Home, far		(County) (State)		
Hour a.m.	Mulle Liter Mulle Li	y, street, office bldg., et	(C.)			
	at work at work	20 20	065 to Dec. 2	19 <u>6.5</u> that (i) (we) last		
21. I certify that (I) (this hospital) saw the deceased alive on Dec	2 1965 and that	dooth proused at 1	1:00t from the causes	and on the date stated above.		
22a. SIGNATURE	and that	death occurred at	pm	22b. DATE SIGNED		
Maril Da Di	nw 1-0 /12	ATTENDING N	MED. — STAFF —	12-3-65		
226. PHYSICIAN'S	Manlapaz, U.D.M.D.	PHYS D	DIRECTOR PHYS.	100-3761		
NAME (Type) Carolina Par	redes Mamiapaz, MD.		orge's Genl. H	osp. Cheverly. Mo		
23a. BURIAL, CREMATION, 23b. DATE THER			23d LOCATION (City, to			
REMOVAL (Specify) 12-7-65	St. Marus 7	mil I at	LA ALACA	A. (State)		
24. FUNERAL DIRECTOR	N ADDRESS	/ C 1 25a. REC	D BY REGISTRAR 25b. RE	CIETABLE CICHATURE		
1110 1111 1120 111111111111111111111111						
1411/W 430	1 Hunt 1/2 11	DAREC	7 1965 800	corles Judge.		

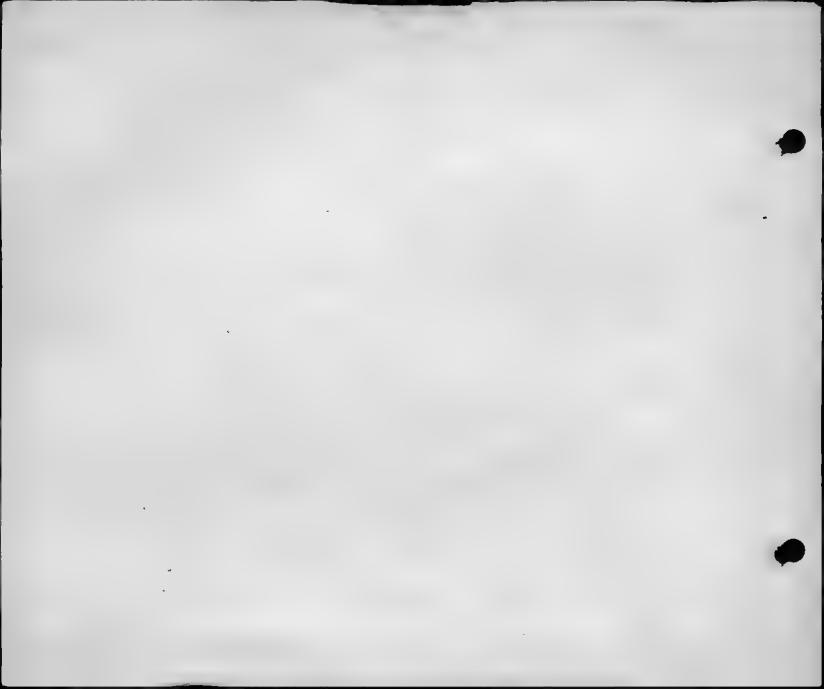
· 5 📥

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral ard 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY NIMI a. STATE Pages 1 MARYLAND b. CITY OR TOWN (if outside corporate limit), write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and the nearest town) C. LENGTH OF STAY IN 15 Ξ papers. filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 22 ON A FARM? within NO V completely carbon NAME DE 3. DATE Year DECEASED DF event, (Type or print) DEATH 19 6 remove 6. COLOR OR RACE (In years | IFUNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED AGE NEVER MARRIED last birthday) | Months | Days Hours any 8 WIDOWED DIVORCED Siciant ease, 1 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Housewike attending physic ermit. Then ples on, or removal, at certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME manuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attent t permit. (Yes, no, or unkown) (If yes give war or dates of service) 26:2/20 65 been signed by the atternity the burial-transit permit or to burial, cremation, a 440 CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating has by as th prior t underlying cause last. (c) <u>N</u>0 WAS AUTOPSY PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a for use Health PERFORMED? certificate CERTIFICAT Durene NO YES [the hospital detached for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 2, and that death occurred at 5 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page ATTENDING M.D. PHYS. DIRECTOR PHYS. тау TO FUNERAL I director, pay should be fill 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Silver Spring Mo of Gate 965 emet FUNERAL DIRECTOR **ADDRESS** D BY REGISTRAR Maries 1965 5/30 Wise. Lve. Hw. VR A15 (4) 20 M 1/65 DIC



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY RINKE GEORGE MARYLAND 28 MARYLAND RINGE GEORGE Q b. CITY OR TOWN (if outside comorate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) 10MOS FORESTYILLE BRESTYILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3405-LORRINE LORRING. YES NO papers. 3. NAME OF 4. DATE Middle Day DECEASED (Type or print) THERINE DEATH DECEMBÉR 17, 1965 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Y last birthday) | Months | WIDOWED [DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work TDb. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) remova 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relized) RETIRED - CLERK. U.S. A. please 13. FATHER'S NAME 5 affending and RICHARD JUSEPH ROSE ANNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) , SAN FELLIPO - # 2 above 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 422200. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18] 19. WAS AUTOPSY CERTIFICATION iş S 2 ERFORMED r use NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 卢 Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) ن at work [at work DIRECTOR: Dept. ይ 21. I certify that (I) (this hospital) attended the deceased from 19.5% to 19.5%, that (I) (we) last State saw the deceased alive on... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED TO FUNERAL I director, page 3 N PHYS. DIRECTOR PHYS. M.D. HOSPITAL Page 22c. PHYSICIAN'S ADDRESS NAME (TYPE) death. 23c. NAME OF CEMETERY OR GREMATORY 238. BURIAL, CREMATION, 123b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) CEDAR HILL SUITLAND. 12/20/65 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE VR A1II (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



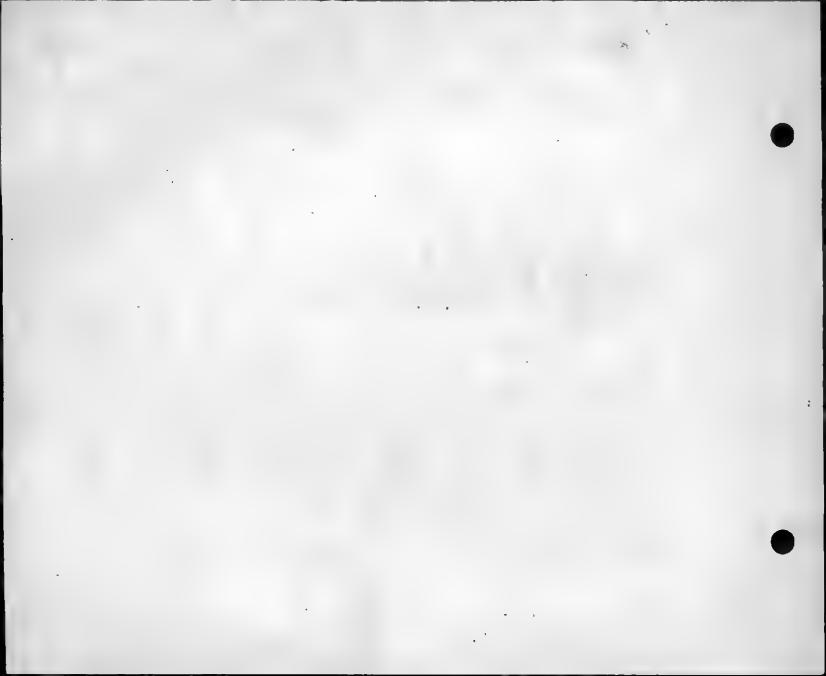
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then been seen remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 77 nous after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
16799	CERTIFICATE OF DEATH	1 (

20120				
1. PLACE OF DEATH a. COUNTY PRINCE GEORGE'S MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) DELSTRICT OF COLUMBOHNY			
b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town) ANDREWS AIR FORCE BASE 1Hr 57Mi.	WASHINGTON			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
	UZUO DEMNITAC DI CE ON A FARM?			
USAF HOSPITAL ANDREWS	TES NUCT			
3. NAME OF FIRST MIDDLE CR	OCHEDION 4. DATE Month Oay Year			
(Type or print) RHONDA DENISE ('A	ROCHERON DEATH DOC 16 1965			
	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.			
TEMPS Necro WIDOWED OIVORGED	16 Dec 1965 last birthday) Months Days Hours 57.			
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT			
during most of working life, even if retired) INDUSTRY	Prince George's Md USA			
n/a n/a	Prince George's Md USA			
	JOYCE W SINGLETARY			
RONALD CROCHERON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address			
(Yes, no, or unkown) (If yes give war or dates of service)				
	FATHER SAME AS ITEM #2			
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REMATURET	16.57			
116 X QUE TO				
Cenditions, If any, which (b)				
gave rise to Immediate				
range (a), stating the				
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
TE TO THE TENT OF	PERFORMEO?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT SEATH BUT NOT RELATED TO SEA				
20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU CONTRIBUTING CAUSE OF DEATH	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20e. PLA Hour a.m. While Not While factor p.m. 19 at work at work				
21. I certify that (I) (this hospital) attended the deceased from D	16 19 6 To Rec. 66 19 6 that (1) (we) last			
	t death occurred a M, from the causes and on the date stated above.			
22a. SIGNATURE	22b, OATE SIGNED			
1/helles there M.	D. ATTENDING MED. OIRECTOR D PHYS. AL Mac 16.1965			
22c. PHYSICIAN'S/	22d. ADDRESS			
PHPLMETPE STEINER CAPT, USAF, MC	USAF HOSP, ANDREWS AFB, MD			
23a, BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (City, town-or county), (State)			
REMOVAL (Specify)	- 122-t- A 1 . + A/.			
24. FUNERAL DIRECTOR ADDRESS /	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
	. J E. DEC 27 1965 Actionles Judge			
W. W. Thembers & Inc. 517-11- HV & E. D. 2, 7 1965 1				
5-1				

VR AI5 (4) 20M 1/65





death. Page 4.2.29 Instance by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral lirector, page 3 should be detached for use as the burial-transit permit. Then please temper carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the fourt, within 72 hours after death.

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

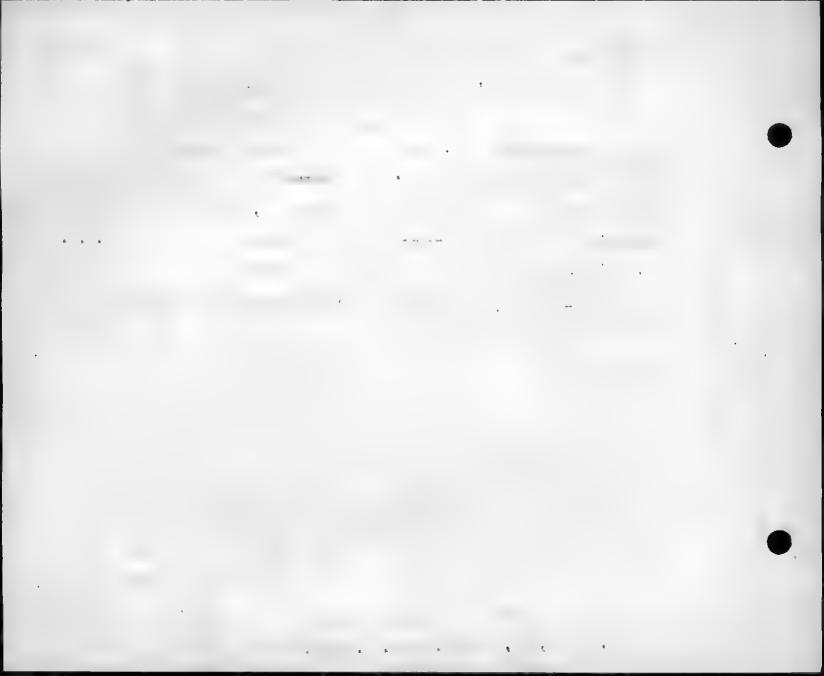
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 16801

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY	e. STATE
b. CITY OR TOWN Lif outside corporate limits. c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest lown)	C. CITE ON TOWITY IN OBISING CORPORATE WHILE NO AND A SILVER WORLD TOWN
HYATTS VILLE	1000 CTIS STREET RE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 4. IS RESIDENCE ON A FARM?
CARROLL MANCR 4922 LA SALLE	YES NO L
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
DECEASED	OF /3
(Type or print) FRANK BERNIARD	CURRAN DEATH /2 22 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED AREVER MARRIED [8	DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birth -y
WIDOWED DIVORCED	1 - 15 - 1890 Tors. Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	
done during most of working life, even if retired)	M
High way Engineer Leenomist	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES CURRAN	MARY ACNES BRADY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	the state of the s
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTERVAL SETWIEN
	ONSET AND DEATH
IMMEDIATE CAUSE (a)	arenous
DUE TO	
Conditions, it eny, which \ (b) aleno concurs	me of Symond Colon -
gava rise to immediate causa [7
(a), stelling the undarlying DUE TO	
couse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ê	YES NO THE
1 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part or Pert of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
9	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, affice bldg., atc.)
Hour a.m. Hour a.m. p.m. 19 at work all work	
	12/16 1965 to 12/22, 19.67 that (1) (we) last
	death occurred at Y. M., from the causes and on the date stated above
22a. SIGNATURE	ATTENDING // MED STAFF SIGNED
	AD PHYS. DIRECTOR PHYS. 12/22/65
22c. PHYSICIAN'S JOHN W WINKLER JR	22d. ADDRESS 5-800 107 04
May Mediabal and Assault	HYATTOVILLE Md.
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	tille (1) 1: To
1 de et 1/6 - 1/2 la	und of the developer.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MARCH VICE STREET	DEC 28 1965 charles Judge



		MARYLAND ST	TATE DEPA	RTMENT OF I	HEALTH		
	DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 3	01 W. PRESTON	STREET, BAL	TIMORE 1.	MARYLAND
1	6802	CFRT	TEICATE	OF DEATH			111166

TOOON CENTIF	TOATE OF BEATH				
1. PLACE OF DEATH	2. USUAL RESIGENCE (Where deceased lived, If Institution: Residence before admission)				
e. COUNTY	a. STATE b. COUNTY				
Prince George's MAR	RYLAND Maryland Prince George's				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	AY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
Cheverly ll days	Hyattsville				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address) d. STREET ADDRESS e. IS RESIOENCE ON A FARM?				
Prince George's General Hospital	5807 Maryhurst Drive YES NO				
3. NAME OF First Middle	Last 4. OATE Month Day Year				
I DECEASED #/	OF.				
	December 1				
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARR	S. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.				
Female White WIDOWED XX DIVORD	ED Uctober 77, 7001 84 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
during most of working life, even if retired) INOUSTRY	Maryland' GOUNTRY?				
Housewile 13. FATHER'S NAME	1 14. MOTHER'S MAJOEN NAME				
? Brittingham	unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY! (Yes, no. or unkown) (If yes give war or dates of service)	10. 17. INFORMANT Address Hyattsville Donald Damuth 5807 Maryhurst Drive				
no none	Donald Damuth 5807 Maryhurst Drive				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and					
	ONSET AND OEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VOI O CO.12	had intaration Indays				
4301	Super S				
Conditions, if any, which) DUE TO ASCYD					
gave rise to immediate (b)	YEAR-T				
cause (a), stating the DUE TO	· ·				
underlying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BU	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
IN NOVE	PERFORMED?				
NONE	1 2				
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT SOME ACCIDENT WAS UNDERLYING TO CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Hour a.m. while — Not while	factory, street, office bldg., etc.)				
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work					
21. I certify that (I) (this hospital) attended the deceased	from 12-6, 1965 to 12-17, 1965, that (1) (we) last				
saw the deceased alive on 12-17 1965	and that death occurred at 2:35%, from the causes and on the date stated above.				
22a. SIGNATURE	DIM 22b. DATE SIGNEO				
a Callane	ATTENDING MEG STAFE				
and allocation	M.D. PHYS. DIRECTOR PHYS. Dec. 17, 1965				
22c. PHYSICIAN'S NAME (Type) Paul Angue Dougle M. D.	22d. AOORESS				
NAME (1998) Paul Angus Devore, M.D.	. 3415 Hamilton St. W. Hyattsville, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial 12/20/65 Parkwood Cemetery Baltimore Maryland					
24. FUNERAL DIRECTOR ADDRESS JOSA, REGISTRAR 25b. R					
John A. Monan, Inc. 3000 E. Balto. St. Balto. DEC 20 1965 floorly Judge					



Maryland

24. FUNERA, DIRECTOR

Funeral

VR ATSME (5)

6M 1766

Nallev's

Home Inc

Mt. Rainier

EC 2 8 19

1965

Charley



7

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending plysicien and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO FIRSTITE IN INTERDING PHYSICIAL TIM law requires that The death certificate be exacuted within 24 News after Meath.

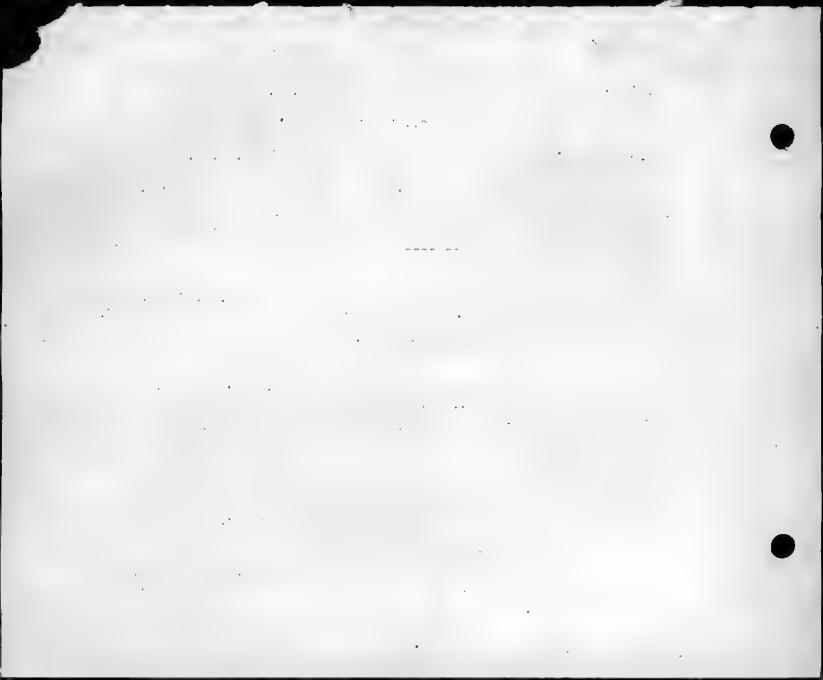
Page 4 may be retained by the hospital or attending physician.

4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

_					
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re a, STATE b, COUNTY	sidence before admission.		
	Prince Georges MARYLAND	D. C.	~		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)		
G	lenn Dale (rural) 8 mos., 28 dys	Washington 4 4			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
	lenn Dale Hospital	2526 14th St. N. W.	YES NO SE		
3.	NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year		
	(Type or print) Leona B.	Davis Dec.	20 19 65		
5.		8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	I YEAR IF UNDER 24 HRS. Days Hours Min.		
F	emale Negro WIDOWED X DIVORCED	6/1/1897 68 yrs.			
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT		
	etired	unknown USA			
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
ш	nknown	unknown			
15		INFORMANT D. C. General Hos	nitel		
		cord Room Washington, D. C.	pical		
_	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	COLU KOON WASHINGLON, D. C.	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH 2 weeks		
	1/2 - 1		Z WEEKS		
Cenditions, If any, which \					
	gave rise to immediate				
	course (a), stating the				
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI		IN WAS AUTOPSY		
ICATI	chronic pyelonephritis; recurrent cere	brevascular accidents	PERFORMED?		
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.))		
		SOF OF HUMBY dis- a family on tolly as hours	ntv) (State)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor a.m. While - Not While - 1	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bldg., etc.)	ity) (State)		
Z.	p.m. 19 at work at work				
	Ezi i voi di j tilot di (tillo licapitor ottollaca tilo accepta richt :		that (I) (we) last		
		it death occurred atM, from the causes and on th			
	22a. SIGNATURE UM WEIST M.	ATTEMPINE MED STAFF	2/20/65		
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESSGlenn Dale Hospital			
_	Moe Weiss, M. D.	Gienn Date, Maryland			
23	BURIAL (SPECIFY) 12-23-65 HOWEND Drus	Y OR CREMATORY 23d LOCATION (City, town or county) R. P. Cerry Smillow & M. 9	nty) (State)		
24	I. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S			
A	myrersal fittome 8/6H, 5th. E.	DATE C 27 1965 Charle	y judge		

VR A15 (4) 20M 1/65



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
FOR STATE	1	16805 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11.157
HEALTH DEPT!	.1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution and an arrangement of the property of	
		Prince George MARYLANO Maryland	Prince George
lelay cessary, and 3 to the funeral Page 5 may State Department hours after death.		b. CITY OR TOWN (If outside corporate limits, write RUAL and give nearest town) Cheverly C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RUAL and give nearest town) Cheverly Cheverly	JRAL and give nearest town)
The September 1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS	9. IS RESIDENCE ON A FARM?
ate ate	F	Prince George General Hospital 4101 Crittenden Street	YES NO
dela and S. P. St. Phou	3.	NAME OF First Middle Last 4. DATE Month OF OF	Day Year
E-75	_	(Type or print) MARGARET MARIE DAVIS DEATH DEC.	1, 19 65
	1	emale 6. COLOR OR RACE 7. MARRIED 8. OATE OF BIRTH	ths Deys Hours Min.
r dea with and went	10 du	a. USUAL OCCUPATION (Give kind of work done lob. Kind of Business OR log most of working life, even if retired) lob. Kind of Business OR life working life, even if retired) lob. Kind of Business OR life working life, even if retired) lob. Kind of Business OR life working life, even if retired) lob. Kind of Business OR life working life, even if retired) lob. Kind of Business OR life working life, even if retired) lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life, even if retired lob. Kind of Business OR life working life working life working life.	2. CITIZEN OF WHAT J.S. A.
**************************************	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
4 hours Item 18 Iffice ald File page and in a		Alexander F. Dougaree Clara Reeder	
4 元	15 (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service) 217 14 7358B Roland J. Davis Same as #2	
"pending" in pencil in Medical Examiner's Oburlal-transit permit. Ecemple.	-	18. CAUSE OF DEATH (Enter only one cause per line for (2), (b), end (c).]	INTERVAL BETWEEN
in p Xam Xam Xam Xam		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	onset and oeath minutes
rans ou,		4200 OUE TO	
endi edic ial-i		gave rise to immediate (b) Arteriosclerotic heat disease	unknown
"pending" in ("pending" in ("pending" in ("pending" in ("pendical Exam)); Medical Exam); I a burlal-transit ("cremation, or receivant or "pending"); I cremation, or receivant ("pending"); I cremation (cause (a), stating the OUETO	
	1	underlying cause last. (c) PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 119. WAS AUTOPSY
Icate sho the wor the Chi or the Chi used as to burial,	E S	PART II. OTHER SIGNIFICANT COMDITIONS COM RIBOTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN THE	PERFORMED?
certificate that the led to the of the used do be used prior to but	FIG	Multiple myeloma - unknown 20a, EXTERNAL CAUSE WAS 120b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item	
R: This certing sate, writing forwarded to 3 should be agent, prior i	CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
R: This cer ate, writin forwarded 3 should t agent, pric	MEDICAL	20c. TIME OF INJURY Month, Oey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
E 2 2 2 2	SE	p,m. 19 et work	and in my online
S. Pa		21. I certify that i took charge of the remains described above, held an Autopsy , inspection , inquiry [
the ce shoul shoul r files 770R: I		death resulted from: Natural causes , occident , Suicide , Homicide , Undetermined man	ner
rte t ge 4 your IREC its d		ACCIONANT INFOINANT INFOIN	22. DATE SIGNED
ry HEL Seconte to Page 4 I for your tall DIREC		OEPUTY MEDICAL EXAMINER [X]	12/1/65
ase exect ector. Pag ained for UNERAL D		RAMME (Type) John Kehoe, M. D. Address (Street, city, town, or county)	
please execute the confiction. Page 4 shour retained for your files. To FUNERAL DIRECTOR: Of Health or its design	23 E	a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of Colman Man Colman	
		Total Control Control	RAR'S SIGNATURE
VR AISME (5)	I	Francis Gasch's Sons Hyattsville, Md. DEC 6 1965 Jelian	les Judger
11/10	1		



FOR STATE HEALTH DEPT.

S

O DEPUTY MEDICAL STAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Fige 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 nours after death. TO DEPUTY MEDI E (5) 1/65 VR ALSME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FXAMINED'S CEDITIONATE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

- 1		
	1. PLACE OF DEATH a. COUNTY Prince George 2. USUAL RESIDENCE (Where deceased lived, if institution as STATE Maryland b. COUNTY	on: Residence before admission) Prince George
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Cheverly Cheverly MARYLAND c. CITY OR TOWN (if outside corporate limits, write Right Cheverly Cheverly	
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hospital 3522 54th Avenue Apt #1	6. IS RESIDENCE ON A FARM? YES NO 🗵
	3. NAME DF First Middle Last 4. DATE Month OF OFF DECEASED CORNELIUS PAUL DeBruyn Sr. OFF DEATH Dec.	Day Year 2, 19 65
	5. SEX 6. COLOR OR RACE 7. MARRIED S. DATE OF BIRTH 9. AGE (In years IF UN Month 19. AGE (IN years IT UN MONTH 19. AGE (IN years IT UN MONTH 19. AGE (IN yea	UDED 1 VEAD HELINDED 24 HDS
ľ		12. CITIZEN OF WHAT COUNTRY? A.
	13. FATHER'S NAME Cornelius P. DeBruyn 14. MOTHER'S MAIDEN NAME Mary A. Cortwright	
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 578 03 5165 Emma F. DeBruyn Same as	#2 (wife)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	INTERVAL BETWEEN ONSET AND DEATH MINUTES
	Conditions, if eny, which gave rise to immediate cause (s), stating the underlying cause lest. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)	over 4 years
		19. WAS AUTOPSY PERFORMED? YES NO X
	202. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of Itel PRIMARY or CONTRIBUTING CAUSE OF DEATH.	m 18.)
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 202. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item Cause of Death.) 206. TIME OF INJURY Month, Day, Year 206. INJURY OCCURRED 209. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work at work at work at work at work	(County) (State)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry [death resulted from: Natural causes, accident, Suicide, Homicide, Undetermined man	
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO	22. DATE SIGNED 12/3/65
	EXAMINER'S NAME (Type) John Kehoe, M. D. Address (Street, city, town, or county) 23a. BURIAL, CREMPTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR GREMATORY 23d. LDCATION (City, town or county)	
	Burial 12/4/65 Ft. Lincoln Colmar Mane	
	The state of the s	nle Judge



CERTIFICATION

MEDICAL

Sons

Gaxch's

4739 Balt.



funeral should thin 24 hours after death. Page 4 (2) be retained by the hospital or attending physician.

TO HOSPITAL (2) be retained by the hospital or attending physician.

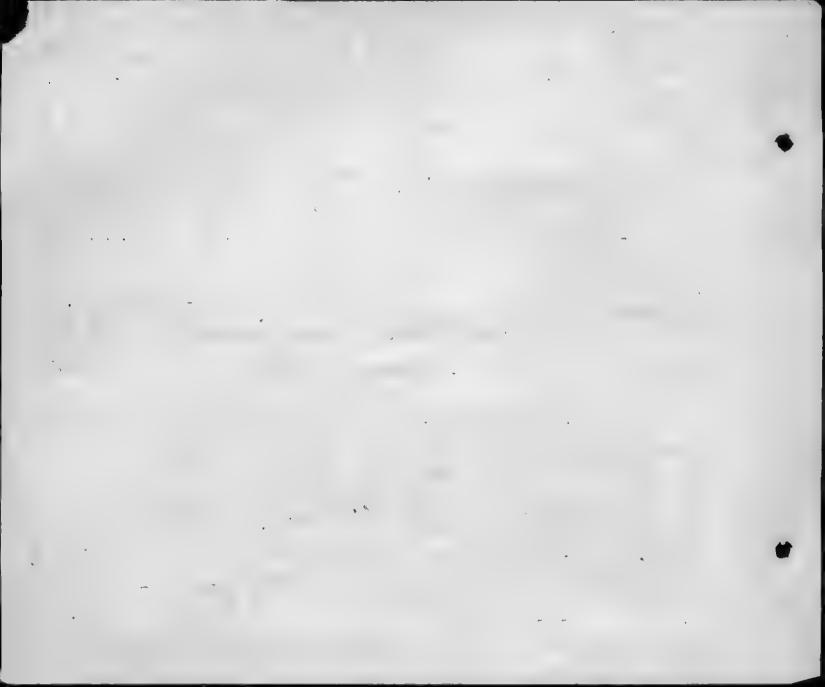
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any (3) within 72 hours after death.

> VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEAT	H		2. USUAL RESIDENCE			ca before admission)
e. COUNTY Pri	nce George	MARYLAND	a. STATE Mary	land b. cou	Prince	George
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utsida corporala limits, writ	e RURAL and giva	naarasi fown)
Riverda			1 Riverdale			
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in he	ospitel, give street address)	d STREET ADDRESS			a. IS RESIDENCE ON A FARM?
6119 43r	d Street		6119 /3rd	Street		YES NO E
3. NAME OF DECEASED	First	Middia	Lost 4	DATE Mont	h Day	Year
(Type or print)	Lillie	M.,	Denekas	DEATH Decem	ber 14	19 65
5. SEX	6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White WIDOW	ED DIVORCED	July 17, 1906	59 yn.	Months Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work orking I fa, even if ratired)	KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (County	& State, or foreign country)	1	F WHAT COUNTRY?
	secretary	Hospital	Washington	D. C.	U.S.A	
13. FATHER'S NAME	75. 1		14. MOTHER'S MAIDEN NA			
Anthony	Denekas		Lillie Kuhn			_
	VER IN U.S. ARMED FORCES? 16 (Ifyasgive war or datas of sarvica)	SOCIAL SECURITY NO 17.	INFORMANT	Addras	5	
		L	illian Hopkins	3818-A	W Street	, S. E.
	DEATH Enter only one cause per	the for (a), (b), and (c).)	0	5		FERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: †MMEDIATE CAUSE (a)	retastate	2 Corner	none	£c	h 1964.
<i>j</i> -	DUE TO)	,			
Conditions, if an	ny, which \ (b)	a rem	al Cotos		/	940_
gava risa to imme	DUE TO	7		*		
(a), stating that cause last.	underlying (c)					
Z PART II OTH	ER SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	VEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
E Mac.	unater Hea	at opez.				YES NO
OR CONTRIBUTION	WAS UNDERLYING 206 DE	SCRIBE HOW INJURY OCCUR	D. (Entar matura of injury in Par	t I or Part II of tem 18)		-
		INJURY OCCURRED 200 PI	ACE OF INJURY (Home, farm,	20f. (City or town)	(County)	(Slata)
Hour a.m.	Whi	ile Not While fe	ctory, streat, office bldg., atc.)			
			01/17 10	En . 12/1	11/15	that (I) (we) last
	that (I) (this hospital) atte		0 1/3 1 4 -		ſ	
		and tha	t death occurred at	W, from the causes	and on the da	22b. DATE
22s. SKONATURE	10000	A 0:	ATTENDING MEI	STAFF		12/1 SIGNED
22c. PHYSICIAN	S OTRACO	to compare the second	22d. ADDRESS			n 401/65
NAME (Typ	PROBER P.	451/LL/A/	MS 35 NE	W VORK	ALE	Nu. D.
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, to	wn or county)	(State)
REMOVAL (Specif	12-17-65	Rock Creek	_	Washington	D,	. C.
24 FUNERAL DIRECTO		ADDRESS	2Se. REC'D	BY REGISTRAR 256 RE		TURE
	neral Home 4309	Suitland Rd &	itland DEC	1 7 1965	liarles for	edge-

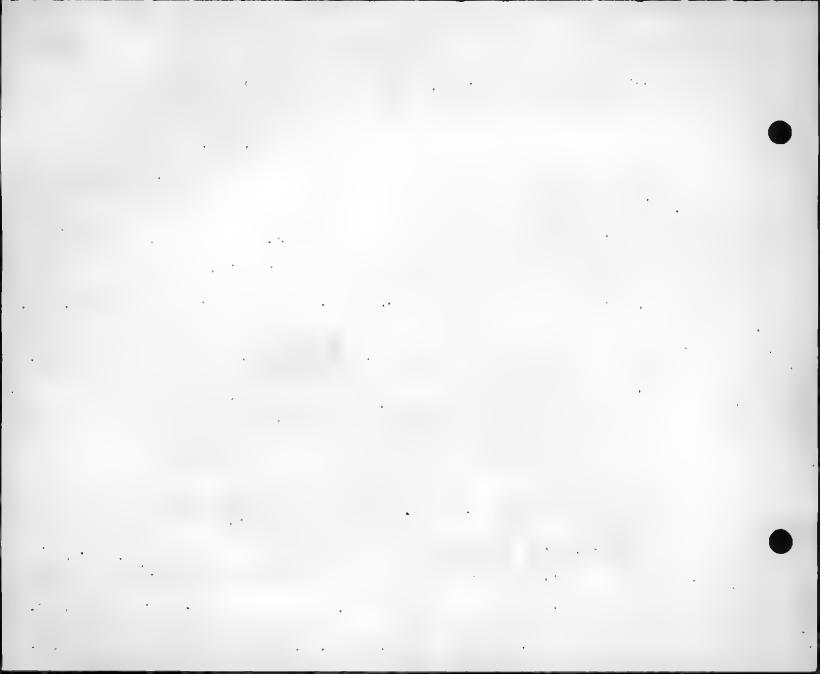


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then dispess house carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to event, within 72 hours after death.

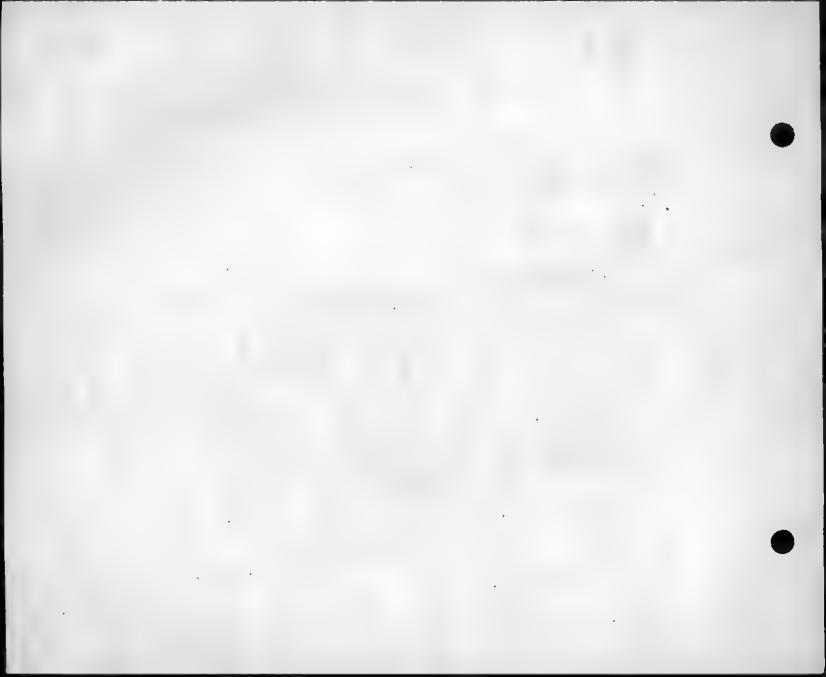
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2000	CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY				tution: Residence before admission)						
	- SEADVIAND	Maryland	Prince C	e orga						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. PENCTH OF STAY IN 16			e RURAL and give nearest town)						
write RURAL and give nearest town)	75 ****	Y								
Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not In	75 years	d. STREET ADDRESS		e. IS RESIDENCE						
as the of flow time of flooring the flooring	nospital, give street address)	11/		ON A FARM?						
		4522 ± 41st		YES NO X						
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year						
(Type or print) Rebecca		Dent	DEATH Decemb							
5. SEX 6. COLOR OR RACE 7. MARRII	ED 🦳 NEVER MARRIED 🔄 🖟	B. OATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.						
Female Negro WIDOW		11-27-1882	83 yrs.	nontris days Hours Min.						
10a.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
_Domestic	INDOSIKI	Charlesto	wn. West Va.	USA						
13. FATHER'S NAME		14. MOTHER'S MAID		, ODA						
Unknown		Matilda	Man i colo de							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address							
(Yes, no, or unkown) (If yes give war or dates of service)	18-30-3667 M	no Incillo	1500							
18. CAUSE OF DEATH [Enter only one cause, pe		rs. Lucille	Quartes 4522	- 41st Ave						
PART I. OEATH WAS CAUSED BY:	Para l	-		ONSET AND DEATH						
IMMEDIATE CAUSE (a)	maple	www.		13 11W						
OUE TO	-10.16 11	Parameter		B 111 -						
Conditions, If any, which gave rise to immediate (b)	WULLD HA	revory		2-101						
cause (a), stating the DUE TO				/						
underlying cause last.) (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?						
1100				YES NO X						
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	OESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)						
	facto	CE DF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City or town)	(County) (State)						
Hour a.m. Whi	HE MOT WHITE M	13, 800 000, 01110 0108., 0	(6.7)							
21. I certify that (I) (this hospital) atter		10	9 64 to 12 - C	, 1942, that (I) (we) last						
saw the deceased alive on 12	1943, and that			nd on the date stated above.						
22a. SICNATURE	The state of the s	00001100001100		22b. DATE SICNED						
etcongra do	M.O		MED. OIRECTOR PHYS.	12-10-65						
22c. PHYSICIAN'S	1	22d. AODRESS	11 9	1 00.00						
NAME (Type) Dr. Leonard	Mays	5201 Bal	She Hyall	1 Will Mill						
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	m or county) (State)						
Burial (Specify) 12-11-1965	Harmony Mem.	Park		ff Road, Md.						
24. FUNERAL DIRECTOR	ADDRESS			DISTRAR'S SICNATURE						
Markinghan Theory	2 1.05	DEC	1 0 1005 006	couls Judge						

VR A15 (4) 20M 1/65



-1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= =0± ₩		16810 CERTIFICATE OF DEATH
funeral and 2 r death.	左.	PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY b. COUNTY
is after by the final Pages 1 urs after	-	b. CITY OR TOWN (If outside corporate limits, / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
homrs d in by rs. Pa	_	Addiple
24 fille ape	,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, address) d. STREET ADDRESS ON A FARM? YES NO NO
within pletely arbon parton prit, within	3.	NAME OF First Middle Last 4. DATE Month Day Year
comple comple e cart	5.	(Type or print) SEX 6, COLOR-OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
and com		Female White WIDOWED DIVDRCED Z 1886 79 yrs. Months Days Hours Min.
icate le l	dui	USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT COUNTRY?
cate omy	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certificate	10	WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. V 17, INFORMANT Address
를 맞는 b	(Ŷ	(If yes give war or dates of service) When North Unit DICKED (See 2040)
at the deafian. d by the aftransit perr		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
that i ician. ned b nI-tran		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) DUE TO DUE TO ONSE! AND DEATH ONSE! AND DEATH
ifres the physical signer burial.		Conditions, if any, which gave rise to immediate (b)
law requires ttending phys has been sig as the burla		cause (a), stating the underlying cause last. (c) Car Car Maria M
IG PHYSICIAN: The law requires that iby the hospital of attending physician for this certificate has been signed to detached for use as the burlal-tratate Dept. of Health prior to burlal, cre	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE VERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED.
ICIAN: The la ospital on att certificate h hed for use a t of Health p	CERTIFICATION	YES NO NO NO NOTICE NOT
the hospi the hospi this cert detached te Dept. of		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PHYSICI by the hosp Affer this ce be detached State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work at work at work at work.
	≥	21. I certify that (I) (this hospital) attended the deceased from July 26, 1965 to 12-26, 1965, that (I) (we) last
of ATTENDI y b. retained DIRECTOR: A age 3 should lied with the \$		saw the deceased alive on 12-2/ 1965, and that death occurred at 4.55 M, from the causes and on the date stated above.
N. O. W. O.		22c. PHYSICIAN'S ATTENDING MED. STAFF DIRECTOR PHYS. 122d. ADDRESS
TO HOSPITAL OF ATTENDING Page 4 may be retained TO FUNERAL DIRECTOR. A director, page 3 should should be filed with the S		22c. PHYSICIAN'S NAME (Type) ARTHUR WILLETS, 1015 SPRING ST. SSPG ND.
TO HOSPITAL Page 4 may TO FUNERAL director, page should be fi	23:	REMOVAL (Specify)
-	24	
VR A15 (4)	0	left long 7 prolition 4217 Trafet MunAEC 29 1965 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE godes Land 2 with the State Department of State none event within 72 hours offer death. P.M.3. Page delay is 2, and 3 to Health or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death the funeral director. Page 4 should be forwarded to the Chief Medical Exemper's Office along with form necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, MI EXAMINER: The certificate should be executed with 24 hours ofter death TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. 5 may be retoined for your files TO DEPUTY MP

	16811 N	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	. 193
	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (W	there deceased lived, if institut	on Residence before admission)
	Prince George's	MARYLAND	Maryland	d Princ	ce George Is
	b CITY OR TOWN (flouts de corporate mits,	c LENGTH OF STAY IN 1b	c CTY OR TOWN (IF out	tside corparote limits, write RUF	RAL and give nearest town)
	write RURAL and give nearest town) Suitland	DOA	Camp Spri	20	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hose		d STREET ADDRESS	цев	e IS RESIDENCE
	Andrews Air Force Base		7702 Morr	is Avenue	ON A FARM? YES NO X
3.	NAME OF First	Middle	Lost	4. DATE Mont	th Doy Year
	OECEASED (Type or print) Leonard	(NONE) DO	browski	OF DEATH 7.2	2 30 19 65
S	SEX 6 COLOR OR RACE 7 MAR		B DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS
I	Male White Wood		25 Jan. 1913	lost birthdoy) 52 yrs	Months Doys Hours Min
		DE KIND OF BUSINESS OR	11 BIRTHPLACE (Stote of		12 CITIZEN OF WHAT
199	ng most of working ife, even if rest red)	21. INDUSTRY	Penns		SOUNTRY? PAR
13.	FATHER'S NAME	1	14 MOTHER'S MAIDEN N		1.65.36.05.
	bosent Dolars	a. h :	2/m has	-47:/14	
18	WAS DECLASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 I	NFORMANT	Addre	223
(У∈	(If yes give wor ar dates of service)	267-52-3505 4	Liam. L	Polozomala;	Same of # 2
	1B. CAUSE OF DEATH (Enter only one couse per li	ne for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Shock			ONSET AND DEATH
	5810 DUE TO	From Aspiration o	of vomitus (k	olood)	
	Conditions, if ony, which gave (b) (b)	and Rupture of oe	sophageal va	rices	
		From portal hyper			
		From cirrhosis of			
N.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU			DITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?
Z Z					YES 🔀 NO 🔲
CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH	DE DESCRIBE HOW INJURY OCCURRED	(Enter notice of injury in P	ort or Port II of Item 18)	
MEDICAL	Hour o m.		CE OF INJURY (Home form, ory, street, office bldg , etc.)		(Eaunty) (State)
	21. I certify that I took charge of th		ld on Autonou [3]	Inspection X, Inqu	ury : and in my opinion
	deoth resulted from Natural cases		ide . Homicide	Undetermined m	
	debili iesoned fidili	A Lat, Audicelli [], Juic	CHIEF MEDICAL I		Office
	ACTUAL	Offer	ACCICETANT MEDA	CAL EXAMINER	22. DATE SIGNED
	SIGNATURE		M.D DEPUTY MEDICAL		
	NAME (Type) John Kehoe, M.D.	. Riverdale. Md.		city, town, or county)	12-31-65

250

DATEAN

REC'D BY REGISTRAR

196

(Stote)

{County

REGISTRAR'S SIGNATE

limiles

VR A15ME (5) 6M 1/66 230 BURIAL CREMATION

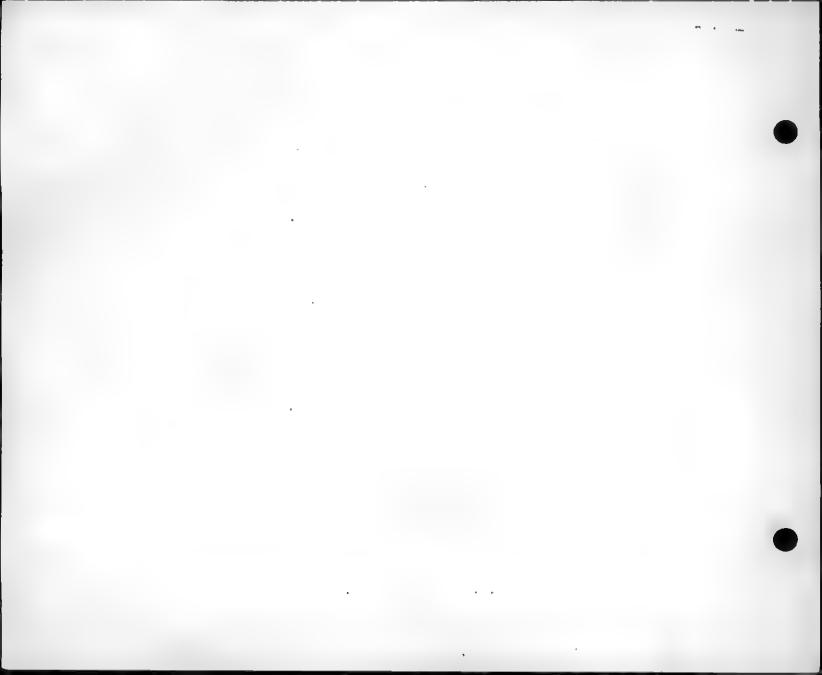
REMOVAL (Specify)

FUNERA. DIRECTOR

DATE THEREOF

23c NAME

ADDRESS



24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Demt. of Health prior to be mild, or memation, or removal, and in any mount, within 72 hours effer death. executed within **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16812 CERTIFICATE OF DEATH

-1		Ph. 1 4/4
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
-	PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
ı	D. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	RIVERDALE
ł	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
1		ON A FARM?
1	5519 NICHOLSON ST. APT 202	5519 NICHOLSON ST. YES NO NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) DANIEL A	ON OHUE DEATH DEC 12 1945
1	[/ mounted (X never mannier)	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
١	MALE CAUCASIAN WIDDWED DIVORCED	SEPT 10, 1886 49 yrs. Months Days Hours Min.
ı	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	PLUMBER PLUMBING	WASHINGTON, D.C. U.S.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	JAMES DONOHUE	MARCARET FEEHAN
1	15 WAS DECEMENTED IN ILLS ADMICT CORDER 1 10 CORDER DECIMALITY NO. 1 17	Tall Control of the C
	(Yes, no, or unkown) (If yes give war or dates of service)	NFORMANT DONOHUE Address SAME AS #2
	170	
1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	my minner
1	442X DUE TO Tretelies	Merozis typus
1	Conditions, If any, which) (b)	
1	gave rise to immediate cause (a), stating the DUE TO	
1	underlying cause last. (c)	
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO IZ
)	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
		ry, street, office bidg., etc.)
		Adolf as many list
1	21. I certify that (I) (this hospital) attended the deceased from	19 to last
1		death occurred at 72 M, from the causes and on the date stated above.
1	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DAYE SIGNED
1	M.D.	. PHYS. DIRECTOR PHYS.
1	22c. PHYSICIAN'S NAME (Type) D	22d. ADDRESS
	1 AOBERT (+ HAJLE	135 NEW YORK AVE. N.W. D.C.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	Burlat 1/2-27-1965 Hest amas	
1	24. FUNERAL DIRECTOR ADDRESS ADDRESS MA	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	W.W. Crambers Go. Viverdace, GII	a . 1965 Charles Judge

VR A15 (4) 20M I/65



FOR STATE DEPT HEALTH

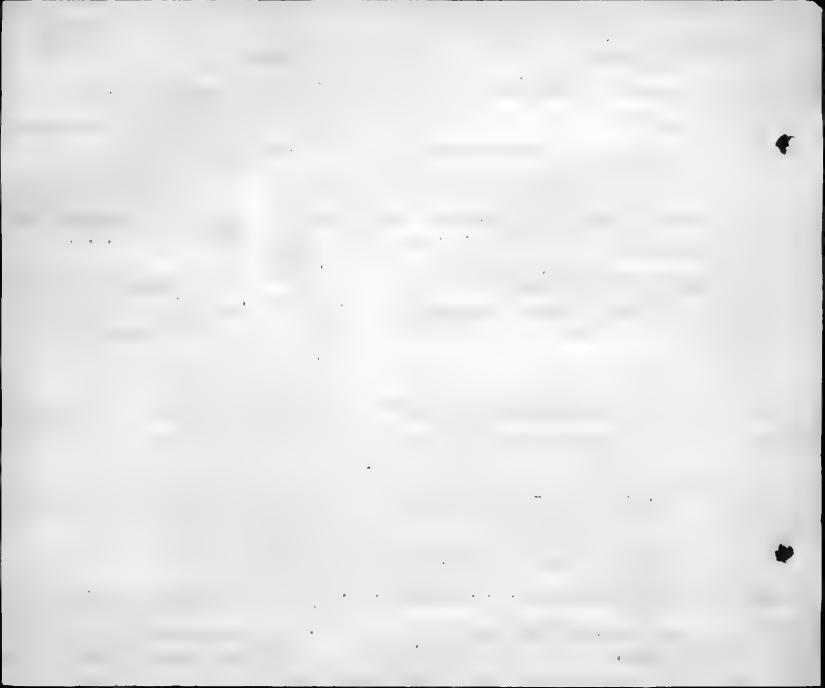
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form IM3. Pager 5, may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should Im used as a burial-transit permit. File pages 1 and 1 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

YR AISME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16813

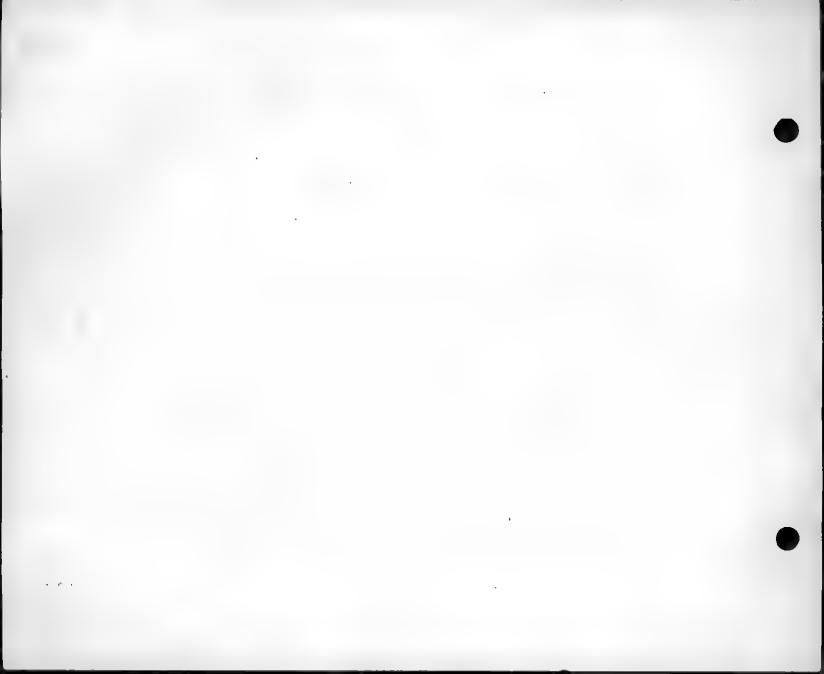
1. PLAC	E OF DEATH				nstitution: Residence before edmission)
	Prince George's	MARYLAND	e. STATE Marvlan	b, count	re George's
b. CITY	OR TOWN (if outside corporate limits, ite RURAL end give neerest town)	e. LENGTH OF STAY IN 1		(If outside corporate limits, write	
Ch	everly	DOA	Brentwood		
d. NA	ME OF HOSPITAL OR INSTITUTION (if n	at in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
D	inaa Caanaa Canana	l Woonital	2010 4114	son Street	ON A FARM? YES □ NO □
3. NAM		J. HOSOITAL	Lest	SON SLIPEL Month	Day Year
DECE.	w printl	*	25 (23	OF DEATH 30	70 10 /-
5. SEX	Maxime	<u> </u>	B. DATE OF BIRTH	2	19 19 65 IF UNDER 1 YEAR IF UNDER 24 HRS.
v. JEA	J. COLOR OR RACE 7.	MARRIED NEVER MARRIED	o. DATE OF BIKIN	9. AGE (In years lest birthday)	Months Days Hours Min.
Ma	LC HILLUG	WIDOWED DIVORCED	31 July 1906	5 59 yrs.	
10a. USU.	AL OCCUPATION (Give kind of working most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?
C	ab Driver	Yellow Cab C			U.S.A.
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN		
	Maxime L. DuC			Stewart	
15. WAS	DECEASED EVER IN U.S. ARMED FORCE	ient		Address	
	grunkown) (Ifyes givewer or deles of serv)	rs. Evelyn	M. DuCharme	(above address)
18. 0	AUSE OF DEATH Enter only one ca	use per line for (e), (b), and (c).)		Wife)	INTERVAL BETWEEN
	PART L DEATH WAS CAUSED BY: !MMEDIATE CAUSE (e)	Gun shot wound o	f head		onset and death minutes
	/ DUE TO	CURT BRICE HOLLIG	11000		311111111111111111111111111111111111111
Coneli	tions, if any, which \ \ \{b}				
	rise to immediate cause	-			
	tating the undarlying DUE TO				
ea use		the courbings to again and			
é ľ	ART II. OTHER SIGNIFICANT CONDITIC	NO CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	MAL DISEASE CONDITION GIVE	N IN PART 1(e): 19. WAS AUTOPSY PERFORMED?
3					YES NO X
20a. PRIMA CAUS	EXTERNAL CAUSE WAS 20b	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Pert I or Part II of item 18.)	
		hot self in head.			
5 20c.	TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20s. P			(County) (State)
7 20c.	Hour a.m. 00pmp.m. 12-19-1965		sclory, street, office bldg., etc OMC	Same as #2	
	certify that I took charge of				and in my opinion
	h resulted from: Natural Aus	_ /_	icide 🔀 . Homicide		
Geat.	Tresulted from: Indiural raus	Accident L. Su			
		19 /	CHIEF MEDICAL		
ACT SIGN	NATURE VIN	lest	M.D.	DICAL EXAMINER	DATE SIGNED
	MINER'S		DEPUTY MEDICA	L EXAMINER	
NAN	LE (Type) John Kehoe.	M.D. Riverdale,	Md Address (Street,	city, lown, or county)	12-20-65
22a. BURIA REMO	IVAL (Shecify) 1/		OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
	urial / 12/22/6	5 National Me		Falls Chur	OII, Vas
	RAL DIRECTOR	House ADDRESS Deini		C'D BY REGISTRAR 245, REGIS	
	iley's Funeral	Home Maryland	DATE DATE	28 1965 Jelle	wells Judge
	14 Y .		, 0/11		



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR	STATE		16814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6
HEAL	TH DEPI.	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed led, if institution Residence before admission)	
delay is 2, ond 3 to	a of		o. COUNTY Prince George S MARYLAND	
36	. Page nent of deoth	-	Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CCITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 1b CLENG	
de E	r d		write RURAL and give nearest town)	
W	Pro		Cheverly DOA Edmonston	
	n S g		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) od STREET ADDRESS e is RESIDENCE On a FARM	E
- S	h form PM3. Pag. itote Department o			X
ter death Give Poges	e Sto	3	NAME OF First Middle .ost 4 DATE Month Doy Year	
de P	ong with the Sto		OF (Type or print) Andro Max Dunaev Death 12 31 19 6	5
ofter 8 Give	within	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24	
, e	1 3 3 3 3 3 3 3 3 3 3		last birthdoy) Month's Day's Hours	Min
24 hours in Item 1	are event		118 MILLE 1 1 1 1 1 1 1 1 1	
F 5	eve eve		D USUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY) 10 KIND OF BUSINESS OR INDUSTRY INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT COUNTRY?	
24	ges] any		Driver Taxi Cab Russia USA	
	pages in any	13	FATHER'S NAME 14 MOTHER'S MAJDEN NAME	
within pencil	Examiner File page: and in ar		Maxim Dunaev Unknown	
> = '	Exar File and	15	WAS DECEASED EVER IN 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
±	of it	(Y	es, no, or unknown) (If yes give war or dates of service)	
executed within ading in pencil	it permit. remaval,	-	A CONTRACTOR OF THE CONTRACTOR	1.4
e e		1	INTERVAL BETWEE PART I. DEATH WAS CAUSED BY. ONSET AND DEATH	
be .	ed to the Chief I o burial-transit crematian, or re		IMMEDIATE CAUSE (a) Heart failure minutes	
word	al-t		# 200 DUE TO	
S S	# 15 to		Conditions, if only, which gove lose to immediate course (o). (b) Arteriosclerotic heart disease over 10 y	re
事 =	o b		stoting the underlying couse DUE TO	
	dec C		lost (c)	
certificate shared writing the word	torwarded to the Chief Medical used as o burial-transit permit. I burial, cremation, or remaval,	-10	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY	-
200	us us	CERTIFICATION	PERFORMED? YES \ NO	TV.
ER: This certificate,	be to	15	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.)	<u></u>
=	s. Sulphilipping Brior	ERT	PRIMARY or CONTRIBUTING	
E e	shoutd b files. 3 should nt, prior	15	CAUSE OF DEATH	- 1
3 = 3	N 4- W =	MED.(20c T ME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour o.m. 20f (City or town) (County) (Stote Hour o.m. 20f (City or town) (County) (Stote Hour o.m.)	e)
XX D	oge 4 your Page of oge	25	p.m. 19 otwork otwork	
AL EXA			21 certify that I taak charge of the remains described above, held an Autapsy [], Inspection [], Inquiry [], and in my opi	niai
¥ ×	director. Po etoined for DIRECTOR: s designate		death resulted fram Natural Eguses , Akcident , Suicide , Homicide , Undetermined manner	
please	l director. retoined DIRECT its design		CHIEF MEDICAL EXAMINER	
ĭ₹ĕ.	~ ~ ~		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGN	NED
<u>~</u>	A I		DENIEW MEDICAL PRODUCTION OF	
O FIFTITY METERAL EXAMINER: necessary, please execute the cert	the tuneral of may be re TO FUNERAL I Health or its		NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, town, or county) 12-31-65	5
E See	E E	230	BURIAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) (County) (Stote	
5 5	# ~ B # ()		REMOVA: (Sperify)	1
	A.	1		
	VR A15ME (5)		300 4th St. NE 100 1	
	6M 1766		J. Wm. Lees Sons, Washington, DC DAYAN 5 1968 yourseles Judge.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

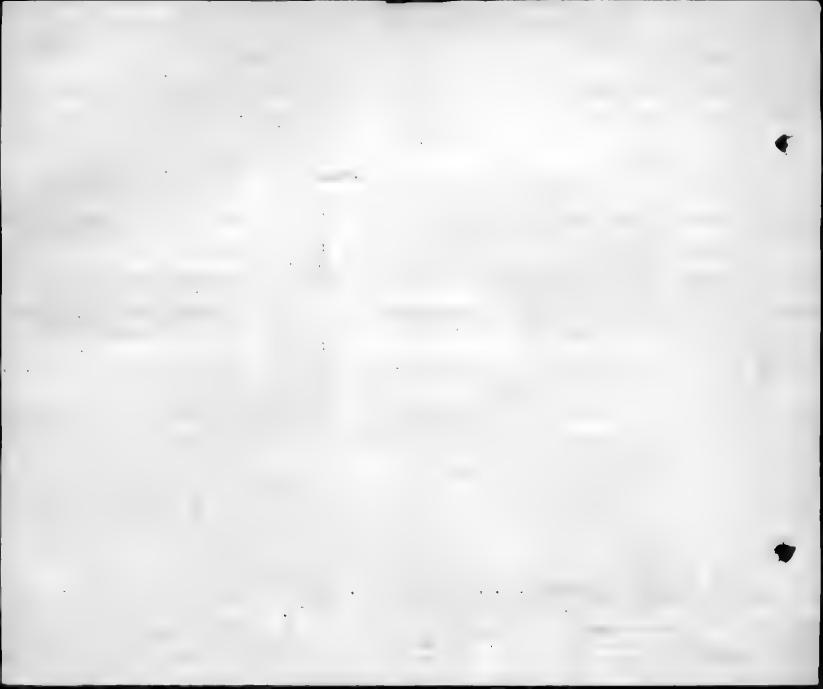
en ura			* there is a second sec										
Total	1.	PLACE OF DEATH	1					ENCE (Where	deceased lived, If ins		idence bef	ere admission)	
- {	,		George !s		MARYL	AND	a. STATE Marv	hael	b. COUN	ince_G	'o ome	olo	
		b. CITY OR TOW	George's N (if outside corpora	te limits,	c. LENGTH OF STAY		C. CITY OR TOWN	(If outside	corporate limits, wr	te RURAL at	nd give n	earest town)	
		Chever	and give nearest tov भीरा	m)	22 done	i	X M+ 1	Rainie	2				
				ON (if not in i	33 days hospital, give street ad	idress)	d. STREET ADDRE		\$		B. IS	RESIDENCE	
. e.,							1				0	N A FARM?	
/			George's						ll Avenue		YES		
	3.	NAME OF	F	irst	Middle		Last	4. DA	TE Month	1	Day	Year	
- 1		(Type or print)		ank	E		Dunklee	D.F.	ATH Decem		29	1965	
		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DUNKIEE DATE OF BIRTH	1299	9. AGE (in years last birthday)	IF UNDER 1	YEAR IFU	OUTS Min.	
	6	Male	White	WIDOWED	DIVORCED		12-2-00		66 65 yrs.	Months	ays	ours min.	
	10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE		ate, or foreign country) 12. CIT	IZEN OF	TAHN	
	auri		ng life, even If retire eeing Gui		INDUSTRY etired		Newpor	t: Va			OUNTRY? U.S.A.		
	13.	FATHER'S NAM		401 11	.002100		14. MOTHER'S M			1 0	140 82	2.0	
			Frank Dun	klae					Williams				
	16				acott arountyus	1.45		****					
	(Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	of service)	. SOCIAL SECURITY NO.		INFORMANT		Addres	.5			
		No		5	78-01-831	1 1	Mrs. Sar	ah L.	Dunklee	(abo	VO E	addres	
	-	18. CAUSE OF	DEATH [Enter only or	e cause per	line for (a), (b), and (c)).1			(Wife)			L BETWEEN	
		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		cute corn	nar	y Horraf	dist	Dil A.		OHSE!	(ND DEATH	
		4201		17	Cales	1900	110001						
		Conditions, If	BUE anv. which \	- P.	usa. Arton	10	aclora.						
		gave rise to	Immediate /	(b)	10,1110	vco .	1 Colon	2	^				
	cause (a), stating the DUE TO Renetzative Duckonal Ween												
	Z.	anderlying cause last.							ONDITION CIVEN IN	IPART 1(a) 119. WAS AUTOPSY			
	CERTIFICATION	PART II. OTHER 5		- 1		UI KELA	IED IO INE IERMINA	AL DISEASE C	OMPLILION PLACE IN	PARTIL(a)	PE	RFORMED?	
20	710/		Ga44								YES	No 🔀	
	RTI	20a. ACCIDENT OR CONTRIBUTE	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA	7H 20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature	of injury in	Part I or Part II o	f Item 18.)			
		(IF EITHER, NOT	NG □ CAUSE OF DEA IFY MEDICAL EXAMI	NER)									
	CAL	20c. TIME OF	NJURY Month, Day,	Year 20d.	INJURY OCCURRED 2	De. PLAC	E OF INJURY (Home	, farm, 201	. (City or town)	(Count	ty)	(State)	
	MEDICAL	Hour a.n		While at wor		Tactor	y, street, office bldg	., etc.)					
	≥ .	p.n					11/26	1065	to 12/29	, 195	Abot	(I) (wa) look	
				pital) attend 12/29	ded the deceased fr	om	41/20	1965	10			(I) (we) last	
		Saw the dec	cuscu alive oil	12/23	19 05 , a	nd that	death occurred a	CO SW	from the causes	and on the	e signe	aten anove.	
		22d. SIGNATOR	7:04	Prosis	All anna		ATTENDING	MED.	STAFF	1	2/29/		
		One DUVELOIS	AUG.	30	A Manual	<u>'</u> M.D.	PHYS	DIRECTOR	PHYS.	4.	2/29/	05	
	H	22c. PHYSICIA NAME (T)		noin Sh	2002				nonel Hose	Oha	1-		
-	_]								neral Hosp				
	23a	 BURIAL, CREM REMOVAL (Spe 	ATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR GREMATORY	23d.	LOCATION (City, to	wn or coun	ty)	(State)	
		Buria	1 + 12/3	61/65	Fort Lin	col	n Cem.	C	olmar Ma	nor,	Md.		
	24.	. FUNERAL DIRE	CTOR Nalley	,	ADDRESS MT.R	ain	1 25a.		GISTRAR 25b. RI				
1		Funer	al Home	nc.	Marvi	a nd	DATE	IN 4	1966	Lingelow	, Jus	ige.	

TO HOTPITAL OF ATTENDING PHYSICIAN: The law requires that the dentil certificate be executed within 24 lines after death. Page 4 may be relained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and you event, within 72 hours after death.

VR AI5 (4) 20M 1/65



	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE o. STATE	E (Where deces	sed lived, If i		nce before edmission
-		RYLAND	Maryland		Prince	e George	t _S
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	STAY IN 15	c. CITY OR TOWN (I	outside sorpora	le limits, write	RURAL end give	neerest town)
	Cheverly DOA	×	Seat Plea	asant			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street as	d dress)	d. STREET ADDRESS				a. IS RESIDENCE
	Prince George General Hospital		7259 Booker	Drive		S	YES TO NO
3.	NAME OF First Middle DECEASED	9	Lasi	4. DATE OF	Month	Day	Year
	(Type or print) Clarence William		nunds.	DEATH	12	21	1965
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8. I	DATE OF BIRTH	9. A	GE (In yeers	IF UNDER TYEAR	
		RCED 2	-26-1910	5	5 угв.	Months Days	Hours Min.
10 d	e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS one during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLACE (Stela	or foreign country	r)	12. CITIZEN	OF WHAT COUNTRY
Ĺ	Retired Kulkono	d	N.C.			U.	5.17
13	FATHER'S NAME		4. MOTHER'S MAIDEN	IAME			
	Unknown		Unknow	n			
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 05, no, og unkown) (lifyesgivawarordatesofservice)		FORMANT	,	Address	-	
Ľ	NO -		mi Echni	mil2	Sein	1 110-	20
	18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), and	d (c).)				I IN	TERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY: Heart failur	re					inutes
	2/40 A DUE TO						
	Conditions, H any, which \ (b) Hypertensive	e cardi	o vascular d	isease		0	ver 5 vrs
П	gove rise to Immediata cause						3 2 - 3 4
L	(a), stating the underlying onuse fast.						
Ιz	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIVI	EN IN PART I(a)	19. WAS AUTOPS
Ĕ							PERFORMED?
15	20%. EXTERNAL CAUSE WAS 20%. DESCRIBE HOW INJURY	OCCURRED. (E	inter nature of injury in P	art I or Pert II of i	tem 18.)		
-	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
CERTIFICATION	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED		E OF INJURY (Home, farm		lown)	(County)	(State)
		tectory	y, street, office bldg., etc.				
	Hour a.m. While Not While at work at work			1			
MEDICAL CERT	p,m. 19 al work at work	above, held	an Autopsy .	nspection To	l Inquir	v El. and	in my opinion
	21. I certify that I took charge of the remains described	⊸ ∩		nspection X			in my opinion
	p,m. 19 al work at work	above, held Suicide	e, Homicide	, Undet	lnquir		in my opinion
	21. I certify that I took charge of the remains described death resulted from: Natural causes. Accident	⊸ ∩	e , Homicide CHIEF MEDICAL E	, Undet	ermined ma	anner [
	21. I certify that I took charge of the remains described death resulted from: Natural causes Accident ACTUAL SIGNATURE	⊸ ∩	e , Homicide CHIEF MEDICAL E	, Undet	ermined ma	anner [in my opinion
	21. I certify that I took charge of the remains described death resulted from: Natural causes. Ascident ACTUAL SIGNATURE EXAMINER'S	Suicide	CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL	, Undet XAMINER CAL EXAMINER EXAMINER	ermined ma	anner [DATE SIGNED
WEDICA!	p.m. 19 st work at work 21. I certify that I took charge of the remains described death resulted from: Natural causes. Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe M.D. Riverdal SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	Suicide	e Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI- DEPUTY MEDICAL Address (Street, co	, Undet XAMINER CAL EXAMINER EXAMINER	ermined ma	anner 12-	
WEDICAL	p.m. 19 st work at work 21. I certify that I took charge of the remains described death resulted from: Natural causes. Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdal	Suicide	e Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI- DEPUTY MEDICAL Address (Street, co	Undet XAMINER CAL EXAMINER EXAMINER Ty, town, or coul	ermined ma	anner 12-	date signed
WEDICAL A	p.m. 19 st work at work 21. I certify that I took charge of the remains described death resulted from: Natural causes. Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe M.D. Riverdal SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	Suicide	CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, co	Undet XAMINER CAL EXAMINER EXAMINER Ty, town, or coul	ermined manners	anner 12-	DATE SIGNED 23-65 (Siese)



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 199

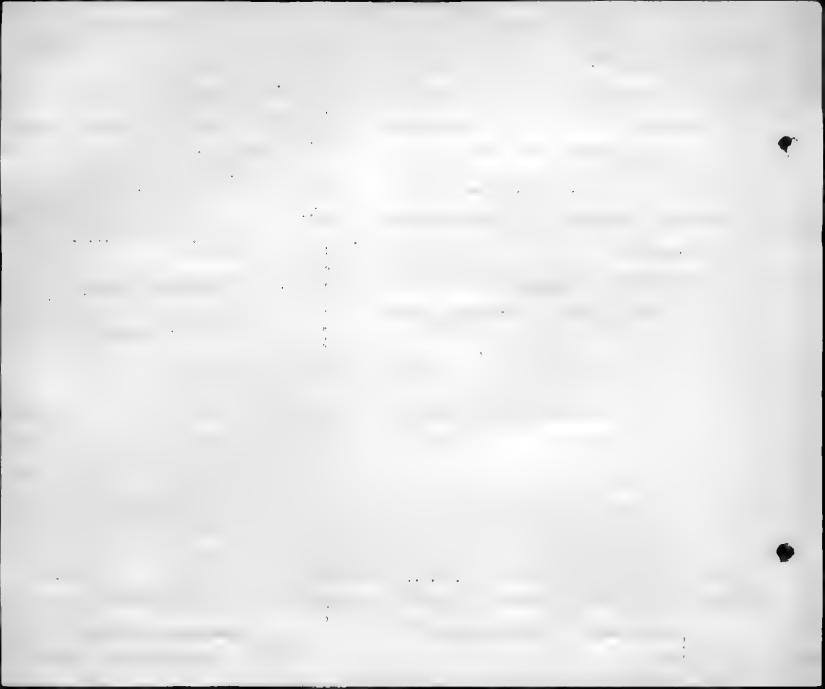
	Division of SIA!	ISTICAL KESEARC	M AND KECOKDS,	301 W. PRESTON S	TREET, BALTIMORE 1	
-	16817	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	•

1.	PLACE OF DEA!	TH					2. USUAL	RESIDEN	CE (Where	decessed lived	l, If Insi	itulion: l	Residen	e before	dmission)
	_	rince Ge	PAMOS	3	No. of the last of	YLAND	a. STATE			ь. сс	YTHUC				
-	b. CITY OR TOWN		rete limita		c. LENGTH OF S				If outside ed	Prince	write R	JRAL en	e d glye r	earest toy	vn)
П	Clir				DOA		X c	linto	n						
\vdash	d. NAME OF HOS		JTION (if	not in hos		dress)		ADDRESS	11					I a. 15 R	ESIDENCE
	074	M = 12 = a	2.0				0111		_					ON	A FARM?
3	NAME OF	on Medica	Einst	nter	Middle		9111	Sus	an Lar					1	ио □
1	DECEASED		11121		MIGGILL		Last		4. DATE		onth		Day	Yea	г
_	(Type or print)	E	3 err	nard	Ernes	t	Emmer	5	DEAT	796	12		25	19	65
5.	SEX	6. COLOR OF	R RACE 2	, MARRIE	D NEVER MARI	UED 8	. DATE OF BIR	TH		9. AGE (In ye				IF UNDER	24 HRS.
L	M	W		WIDOWE	D DIVOR	ED 🔲 28	3 Jan.	1919		lest birthda	141	onths	Days	Hours	Min.
10	. USUAL OCCUPA	TION (Give kind	of work	10b. K	IND OF BUSINESS				or foreign e		-	12. CIT	IZEN O	F WHAT (COUNTRY
ľ	ine during most of v	ronking life, syen (17	if retired)	Gas	Light C	יים אכומים			on, D.				S.A		
13	. FATHER'S NAME		h-	041	. 228.00	ompany	14. MOTHER'			•				•	
"		T3		•											
ļ.,	Bernard							e Fou	/le r						
15	. WAS DECEASED E	VER IN U.S. ARM (If yee give werord	ED FORC	ES? 16.	SOCIAL SECURITY	NO. 17, I	NFORMANT			Add					
Ĺ						Ber	nard E.	Emme	ert, J	r 9111	Su	san	Lane	9	
2.3	18. CAUSE OF	DEATH Enter o	nly one c	ause per l	ine for (a), (b), end	(c).)							I INT	ERVAL BET	WEEN
	PART I. DEA	TH WAS CAUSE	D DY:		Hannh Co	. 7								SET AND I	
		IMMEDIATE CA			Heart fa	llure							Mi	nute	5
			DUE TO												
	Conditions, if er		(b)		Arterios	clero	tic hear	rt di	sease_				Ink	Inknown	
	(a), stelling the		OUE TO												
	cause lest.		{c}												
z	PART II. OTH	ER SIGNIFICANT	CONDITION	ONS CON	TRIBUTING TO DE	TH BUT NO	T RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIYEN	IN PART	1(e) 19	WAS A	UTOPSY
Ĕ														PERFC	RMED?
낊	20m. EXTERNAL C	AHSE WAS	1 20	L DESCR	IBE HOW INJURY (CCHIPPED	(Eutes enture of	I laive, In D	and I am Dank I	(I = £ (t=== 10)			1	ES 📗	ио 🔀
CERTIFICATION	PRIMARY or C	ONTRIBUTING [D. 0200K	int ito it ito it i	, ccounty.	iendi naigio oi	Infort in t	DIT OF FOR	ii oi iien to.;					
MEDICAL	20c. TIME OF INJ	URY Month, C	oy, Yeer	20d.	NJURY OCCURRED		CE OF INJURY			lty or fown)		Cour	nly)		(State)
圓	Hour a.m.			While	Not While	fect	ory, street, office	bldg., etc.)						
12	21 2 martis		19		hand hand	B 1	I.I. A. a.	<u> </u>							
					ains described	- 🗥	_		-		uiry3	<u> </u>		in my o	pinion
	death resulted	from: Natu	irol Cari	ses X	Accident	Suici	de ∐. H	lomicide	μ, υ	ndetermined	man	ner]		
		// A			IY I		CHIEF	MEDICAL !	EXAMINER [
	ACTUAL SIGNATURE	(100)	no	, /	120		M.D. ASSIS	TANT MEDI	ICAL EXAMI	NER 🗌			D	ATE BIG	NED
		711	Tohn	Keho	e, M.D.	Pivol	daleperut	Y MEDICAL	EXAMINER	£1			70	25 61	-
	EXAMINER'S NAME (Type)	///	Oilli	II CII U	9 11.00.9	IFT ACT			city, town, o				12-	25-6)
22	BURIAL, CREMATE		THEREO	F	22c. NAME OF C	METERY OR		es (alfee), (r county) ATION (City, to	SWIL OF	county	-	(Stat	-1
	Birial (Special	12-2	8-65		Arlingto					ngton	, 41		iro.	inia	-,
	. FUNERAL DIRECT		0-03		0			-5.		_			20,00		
		vilhelm 1	Funer	ral H			tland R			3					
		- 2 2 5 10 2 11 2	Lanci	11	Suit	land	Md	Her	30 19	365	112	rego	June	lge.	

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 14 hours after death. If any dulay is nemssary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, within 72 hours after death.

Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME 5M 1/63

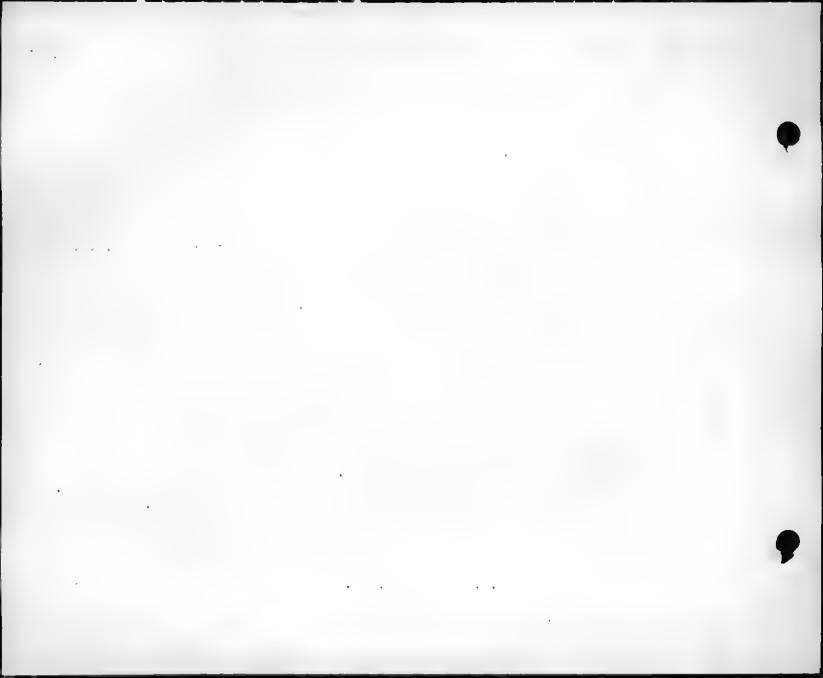


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DATES

16818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. o. COUNTY **b** COUNTY Page Prince George's ō MARY, AND Marvland Prince George's delay Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (floutside comparate mits. grad P.M3. write RURAL and give nearest town) after DOA Capitol Heights CheverIv d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ACCRESS e IS RESIDENCE farm ON A FARM? Pages State (Prince George General Hospital 48th YES NO X Avenue death 3 NAME OF Middle 4 DATE Month Year 72 OECEASEO OF DEATH (Type or print) George Henry Irskine be executed within 24 haurs"after with SEX 6 COLOR OR RACE 9 AGE (n years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthday) Months Dovs Hours WIDOWED DIVORCED Male White May 1942 CVI event and, On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT U. SDUSTRY OV t during most of working the even Fretized) COUNTRY? Washington, D. C. any rd "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME = Viola Simpson Albert Erskine IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address mayo. Linda L. Erskine 609 48th Avenue (Yes, no, or unknown). (If yes a ve wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I OEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Gun shot wound of head ŏ MMEDIATE CAUSE (o) ___ This certificate shauld writing the ward cremation, OUE TO Conditions, if ony, which gove D rise to immediate couse (a), DUE TO stating the underlying couse **5** farwarded lost used WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 10 4 shauld be 200 EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) prior 3 shauld EXAMINER: CAUSE OF DEATH Shot self in head 20c T ME OF INJURY Month, Ooy, Year 20e PLACE OF INJURY (Home, form 20d INJURY OCCURRED (City or town) (County) (State) Hour am. foctory street, office bldg etc.) While Not While of work 2:00pm pm 72-29- 1965 ot work 5749 Southern Ave Bathroom Capital Heights 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry . 6 and in my apinian the funeral director. Natural couses death resulted from Accident/ /]. Suicide 🕱 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER 5 may be re SIGNATURE TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER DE **EXAMINER'S** Riverdale, Md. 12-30-65 John Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) A35 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23d LOCATION (City of Town) (County) (State) 1-3-66 Cedar Hill Cemetery Suitland Maryland Suitland Rd Suitland 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 250 REC'O BY REGISTRAR 4308 Wilhelm Funeral Home VR A15ME (5)

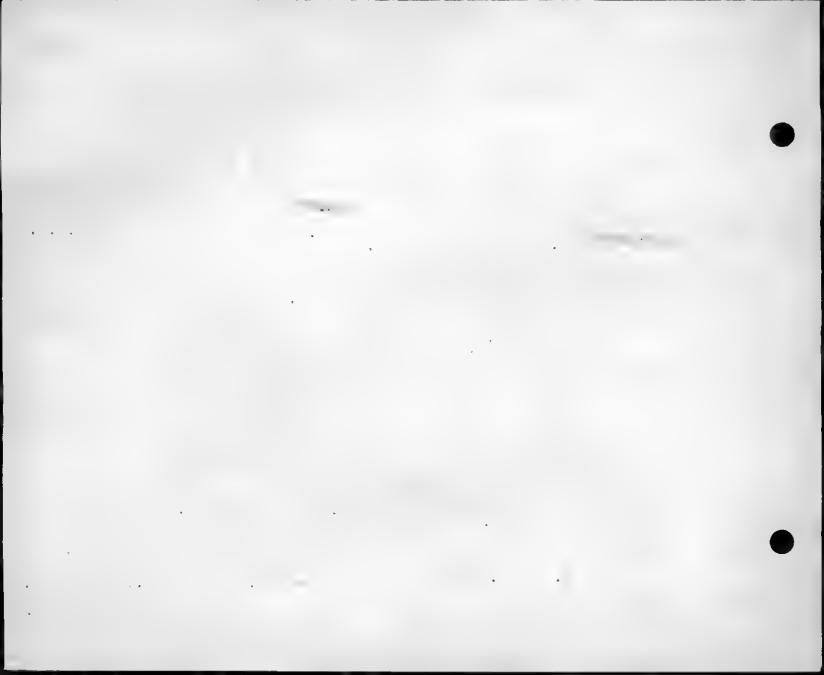
6M 1/66



	DIVISION OF STATISTICAL		, 301 W. PRESTON		MARYLAND
	10017	CERTIFICATI	E OF DEATH		20
L.	PLACE DF DEATH a. COUNTY			(Where deceased lived, If Institution:	
	Prince George's	MARYLAND	a. STATE Maryland		George's
	h CITY OF TOWN (if outside corporate lim	aite L C LENCTH OF STAY IN 15	O CITY OF THUS (IF AU	telda cornorata limite write DIDA	I and alve neares

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Prince George's MARYLAND	a. STATE Maryland Prince George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cheverly 5 days	Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince George's General Hospital	4411 Oliver Street YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) William H	Ewing December 15 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours I Min.
	oct. 1, 1889 /6 yrs.
1Db. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT St. George, West Virgin Printy. S.A.
Retired Supt. Water Proofing Co.	1 14. MOTHER'S MAIDEN NAME
Louis Ewing	Mollie Shaeffer
	INFORMANT Address
(Vac no or unitation) ((If nor nive way or deter of coories)	Mary C. Ewing same as #2
no 579-01-5738 1	istry of marrie same as ar
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pringenous Turci culoto Diser and DEATH
IMMEDIATE CAUSE (a)	A CONTRACTOR OF THE PARTY OF TH
DUE TO P	DU 4 (140)
Conditions, If any, which gave rise to immediate (b)	Kt- tongy dank
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TEC	PERFORMED?
20a, ACCIDENT WAS UNDERLYING 13 20b, DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
i di	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
	ec. 10 19.65 to Dec. 15 , 19.65 that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from Dec. 15 19 65, and that	t death occurred at $12:2M$, from the causes and on the date stated above.
22a. SIGNATURE A A A	DM 22b. DATE SIGNED
tare + Karling 2. 10	ATTENDING - MED STAFF - 10 15 CF
Mills of - Joll VM Mill - M.C.	DIRECTOR THES. FEE
22c. PHYSICIAN'S NAME (Type) Dr. Rosa L. Barlin	22d. ADDRESS
	Prince Geo. General Hosp., Cheverly, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	
burial 12/10/05 rarklawn	emetery Montgomery County, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1 the S.H. Henry Co. 2901 14th ST. N.	W. DEC 20 1965 Tollarly Judge

VR A15 (4) 15M 4-64

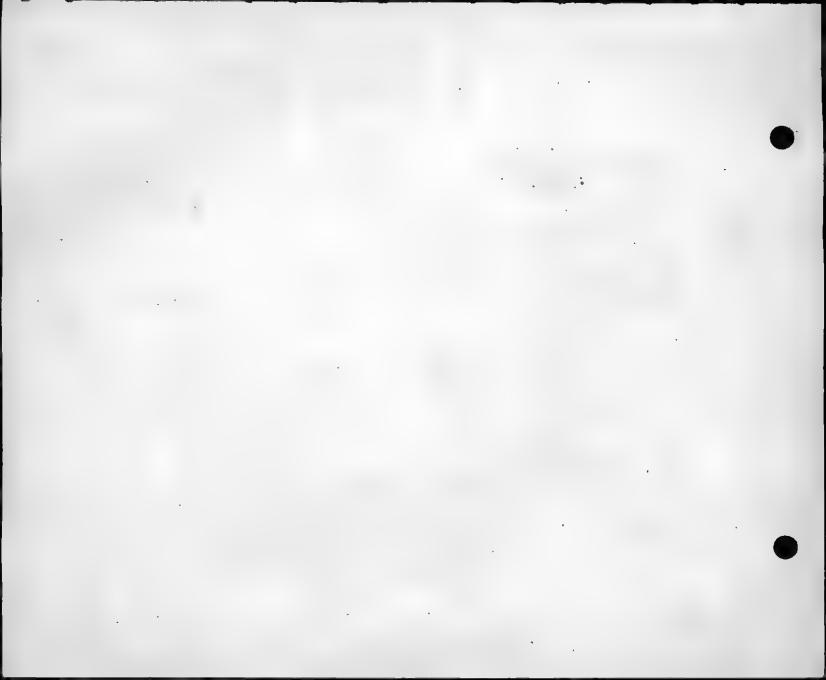


Fage 4 may be retained by the proportion of accounting proportions and completely filled in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending prostoral and cambon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then prose remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HESTITAE OR ATTENBING PHYSELIAN: The law remainer the meath certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15821	CERTIFICATI	E UP DEALE	1		50.5
1.			2. USUAL RESIDEN	CE (Where deceased	lived, If institution: F	Residence before admission)
	a. COUNTY		a. STATE		b. COUNTY	a. 1-
_	Prince Georges b. CITY OR TOWN (if outside corporate limits	MARYLAND	MARYLA	VD	PRINCE	JEORGES
	write RURAL and give nearest town)	, c. LENCTH OF STAY IN 1b	C, GITT OR TOWN (II	r outside corporati	a limits, write RURAL	and give nearest town)
	Riverdale		1.AURE	:/_		
	d. NAME OF HOSPITAL OR INSTITUTION (If no	in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
			1 0	determine	blum	ON A FARM?
=	Eugene Leland Memorial			ALTIMORE	12410	YES NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print)	יער יער	Faurot	DEATH	December	15 19 65
5.			B. OATE OF BIRTH	9. AGE	(In years IFUNDER	1 YEAR IF UNDER 24 HRS.
	Model Whoste WIDO		SEPT 15 1	last	birthday) Months	Oays Hours Min.
10				1/4 51	yrs.	ITITEN OF WHITE
dui	ring most of working life, even if retired)	Ob. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (C	ounty & State, or for	eign country) 12. C	ITIZEN OF WHAT
	BUTCHER	Meat	20	200		11.5
13	. FATHER'S NAME		14. MOTHER'S MAII			
	WILBUR FA	UROT	MADGE	ON	STOII.	
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES?		10 010 145		Addense	
(Ŷi	es, no, or unkown) (If yes give war or dates of service)	262 03 9444 MR	C MANGE	ONSTOTT FI		to t
	NO -	262 039444	3 711700 -	Rt3B	OX 706 MAR	HANNA FLA.
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).}				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ACUTE M	IEN NOLT	-v P		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	7 00 10	13000	1 3		3 0/1//
	777/A DUE TO	BEENCHOPN	> (11 . n . / .)	*		ONE WEEK
	Conditions, If any, which (b)	D CON COMPN	EUMONIA	7		ONG MEEK
	gave rise to immediate (cause (a), stating the DUE TO					
	underlying cause last. (c)					
S	PART II. OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO GEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITIO	NCIVEN IN PART 1(a)	119. WAS AUTOPSÝ
ATI		01110111221	iles to the telement			PERFORMED?
FIC				2		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH	b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature o	f injury in Part I o	or Part II of Item 18	.)
GE	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
¥.	20c. TIME OF INJURY Month, Day, Year 2	Od. INJURY OCCURRED 20e, PLAC	CE OF INJURY (Home, fa	arm, 20f. (City	or town) (Cor	inty) (State)
MEDICAL	Hour a.m.	Vhile - Not While - factor	ry, street, office bldg., e	etc.)	,	
₩.	p.m. 19 at	work at work				
	21. I certify that (I) (this hospital) at	CONSIDER THE RESERVED HOURS				that (I) (we) last
l	saw the deceased alive on	DEC. 1965 and that	death occurred at	M. from th	e causes and on t	he date stated above.
	22a. SICNATURE			Agen 1	22b. D	ATE SIGNED
	1 1/574	man Mn		MED. S	TAFF 15	DEC 65
	22c. PHYSICIAN'S	M,D	1 22d. AODRESS	DIRECTOR PI	HYS. LI 12	3000
	NAME (Type)	CMANN		RIVER	DALK	·MD
===						
238	a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR GREMATORY	23d. LOCATIO	ON (City, town or cou	unty) (State)
1	Bures 12-17-65	11. Sincal	n	EXEA!	MOBURG.	MARYLAND
24	4. FUNERAL DIRECTOR	ADDRESS	25a. RE	C'O BY RECISTRAR	and the state of	'S SIGNATURE
11	11) Chamber C. A	we dale Mil	I DEC	2 1 1965	Milianle	y Judge
11 1	July de la	no work in the	DATE	1000	/ 1 3//	11 (1

VR AI5 (4) 20M 1/65

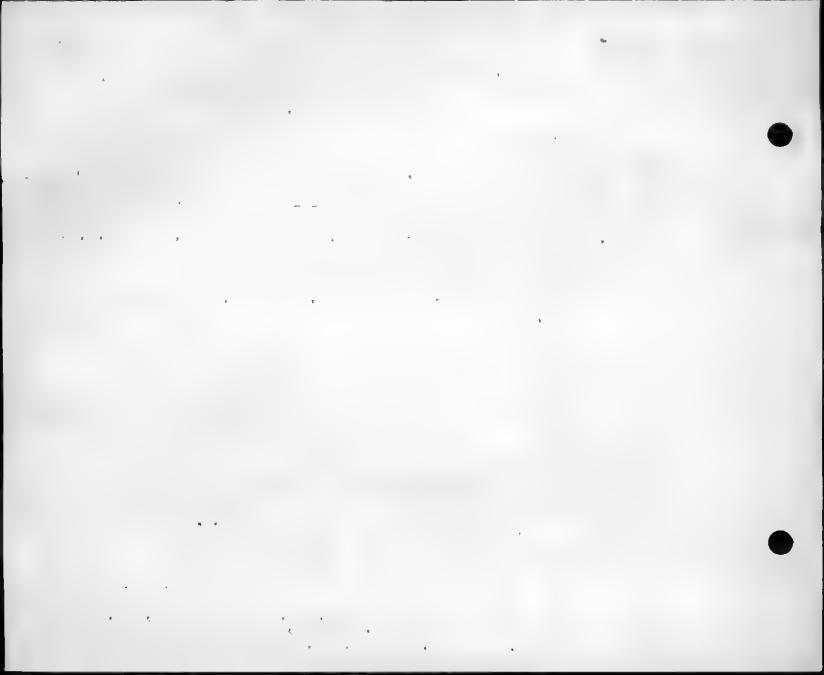


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths TO HOSPITAL OR ATTENDING PHYSICIAN: The law rangulres that the death certificate lie executed within Page 4 may be retained by the hospital or attending physician.

burs after death.

1. PLACE OF DEATH 2. CUMY Prince George is MASYLAND b. CITY DE TOWN (if outside corporate limits, white rules of some admission) b. CITY DE TOWN (if outside corporate limits, white rules of some admission) b. CITY DE TOWN (if outside corporate limits, white rules of some admission) b. CITY DE TOWN (if outside corporate limits, white rules of some admission) b. CITY DE TOWN (if outside corporate limits, white rules of some admission) b. CITY DE TOWN (if outside corporate limits, white rules of corporate limits, white rules and rules of corporate limits, white rules and rules of corporate limits, white rules and rules of		DIVISI	ION OF STATIS				N STREET, BALTIMORE	E 1, MARYLAND	
a. COUNTY Prince George's MARYLAND b. CIPT OR TOWN (If outside corporate limits, write RURAL and give enerest town) I day A. RAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 3. NAME DEF Prince George's General Hospital 3. NAME DEF Prince George's General Hospital 4. STREET ROBESS Prince George's General Hospital 5. NAME DEF Prince George's General Hospital 6. OATE OF BIRTH To BATE DECEMBER 102 A STREET ROBESS 6. OA GOOD OF IND TO THE TO THE STREET OF THE STREET OF THE STREET OWN FAST OF THE STREET OWN FAST OWN FAST OWN FROM THE STREET OWN FAST OWN FAST OWN FROM THE STREET OWN FAST OWN FAST OWN FROM THE STREET OWN FAST OWN F	1.	PLACE DF DE	ATH					ution: Residence before admission)	
b. CITY DR TOWN (If outside corporate limits, write Rural and give nearest town) Energy of the control of the				orgets	MARYI AND				
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital S. NAME OF HOSPITAL DR INSTITUTION (if not in hospital) S. NAME OF BEATH ON A FARMY YES DAY NO A FARMY YES DAY YES DAY NO A FARMY YES DAY NO	_	b. CITY DR TI	DWN (if outside corp AL and give nearest	orate limits, town)	c. LENGTH OF STAY IN 1b	1		RURÂL and give nearest town)	
Prince George's General Hospital 1.393 Kaywood Drive One Arana Prince George's General Hospital 1.4363 Kaywood Drive One Arana Prince George's General Hospital 1.5. Make Dr Beerast Drive Treath Middle Treath Drive Treath				ITIDAL /if not in I	1	IIX	Titer	A 10 DECIDENCE	
SEX COLUR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH December 1.5 19 65							ywood Drive	ON A FARM?	
Male	3.	DECEASED	t) V:					n 15 6F	
DIVORCED DIVORCED 100. USUAL DECUMPATION (GIVEN WIND OF BUSINESS OR INDUSTRY STATE OF WORKING FOR INDUSTRY STATE OF WORKING	5.	SEX	6. COLDR OR RA	CE 7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years if	UNDER 1 YEAR IF UNDER 24 HRS.	
Supt. 3. Father's Name			,		DIVORCED	12-3- 1 898		onths Days Hours Min.	
John M. Finn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSE BY: Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART I. (F EITHER, NDTIFY MEDICAL EXAMINER) 202. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 204. TIME OF INJURY Month, Day, Year 204. INJURY OCCURRED 206. PLACE OF INJURY Home, farm, p.m. 19 While at work and that death occurred to 12 15 M, notif the causes and on the date stated above. 220. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 15. WAS DECEASED VER IN 17. INFORMANT Address 120. INJURY OCCURRED 206. PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART I.(a) 19. WAS AUTDPSY PERFORMED? YES MODE 19. WAS A	1Da dur	ing most of wo	ATION (Give kind of vorking life, even if re	rork done 10b. i	KIND OF BUSINESS OR INDUSTRY Pepsi-Cola (12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pa, or unknown) ((If yes pige war or dates of service) 219-07-8643 Mrs. Evelyn K. Finn (above address) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acy to Pulmonary Address Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTDPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Rem 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Rem 18.) 20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Rem 18.) 21. I certify that (I) (this hospital) attended the deceased from 19 at work at work at work and that death occurred at 19 p.m. 19 at work at work and that death occurred at 19 p.m. 19 at work and that death occurred at 19 p.m. 19 p.m. 19 at work and that death occurred at 19 p.m.	13.								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions (b) Control		Joh	nn M. Fin	n		Vola S	tephens		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmous y dems DUE TO Myocardial Infarction.	15 (Ye	. WAS DECEASE ES, Jo. or unkown Y. O. S	ED EVER IN U.S. ARME () (If yes give war or da VVVI	D FORCES? 16 ites of service) 2				ove address)	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING DR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 at work 18 at work 18 at work 19			DEATH WAS CAUSED	DV.	/	ary Ede	em a		
DUE TO TOWN SUNDERLYING TO DESCRIBE HOW INJURY DECURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE of DEATH OF CONTRIBUTING TO DESCRIBE HOW INJURY DECURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE of DEATH OF CONTRIBUTING TO DESCRIBE HOW INJURY DECURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE of DEATH OF CONTRIBUTING TO DESCRIBE HOW INJURY DECURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE of DEATH OF CONTRIBUTING TO DESCRIBE HOW INJURY DECURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE of DEATH OF CONTRIBUTING TO PART II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF CONTRIBUTING TO DESCRIBE HOW INJURY DECURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF CONTRIBUTING TO PART II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF CONTRIBUTING TO PART II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF CONTRIBUTING TO PART II of Item 18.) 20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF CONTRIBUTIONS CONTRIBUT		*				/			
Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PRODUCTION TO PART II OF INJURY IN PART I OF PART II OF ITEM II. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 c. that (I) (we) last saw the deceased alive pn 19 c. and that death occurred at 15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. 12/16/65 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Leon Levitsky 8408 Rhode Island Ave. Mt. Rainier, Md.			it any, which }	(b)	v. v. p. p. p.	-/			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED FOR PART 1 (a) PART 1 (b) Item 18.) While Not While factory, street, office bidg., etc.) P.m. 19 at work at work at work at work at work at work and that death occurred at 215 M, from the causes and Dn the date stated above. 21. I certify that (I) (this hospital) attended the deceased from 196. and that death occurred at 215 M, from the causes and Dn the date stated above. 22a. SIGNATURE M.D. PHYS. DIRECTOR PHYS. 12/16/65 22d. ADDRESS NAME (Type) Dr. Leon Levitsky BY A DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (County) (State) (County) (State) (State) ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12/16/65				DUE TO 7 2	orenary, c	1 11 1	75		
21. I certify that (I) (this hospital) attended the deceased from 1965, to 47 14 (1) (we) last saw the deceased alive on 1965, and that death occurred at 15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 12/16/65 22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 3408 Rhode Island Ave. Mt. Rainier, Md.	2			(c) 4				Lan Man Aug Park	
21. I certify that (I) (this hospital) attended the deceased from 1965, to 47 14 (1) (we) last saw the deceased alive on 1965, and that death occurred at 15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 12/16/65 22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 3408 Rhode Island Ave. Mt. Rainier, Md.	FICATIO	PARTH, OTHE	R SIGNIFICAN I CONI					YES NO NO	
21. I certify that (I) (this hospital) attended the deceased from 1965, to 47 14 (1) (we) last saw the deceased alive on 1965, and that death occurred at 15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 12/16/65 22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 3408 Rhode Island Ave. Mt. Rainier, Md.	CERTI	20a. ACCIDED DR CONTRIBL (IF EITHER, I	NT WAS UNDERLYING UTING □ CAUSE OF NDTIFY MEDICAL EX	DEATH AMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	f injury in Part i or Part II of I	tem 18.)	
21. I certify that (I) (this hospital) attended the deceased from 1965, to 47 14 (1) (we) last saw the deceased alive on 1965, and that death occurred at 15 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 12/16/65 22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 3408 Rhode Island Ave. Mt. Rainier, Md.	EDICAL	Hour	a.m.	While	Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., a	arm, 20f. (City or town)	(County) (State)	
saw the deceased alive Dn. 196, and that death occurred at \$15 M, from the causes and Dn the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR DIRECTOR 12/16/65 22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 3408 Rhode Island Ave. Mt. Rainier, Md.	N.		-			1:	9605 to 4/12/19	19 6.5 That (I) (we) last	
22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR 22b. DATE SIGNED 12/16/65 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 3408 Rhode Island Ave. Mt. Rainier, Md.				1 11/	,	t death occurred at	15 MP from the causes an	d on the date stated above.	
22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky 22d. ADDRESS 8408 Rhode Island Ave., Mt. Rainier, Md.	22a. SIGNATURE 22b. DATE S								
NAME (Type) Dr. Leon Levitsky 8408 Rhode Island Ave., Mt. Rainier, Md.									
pano Niode Island Ave., Mt. Kainter, Md.	'			on Levit	eku				
224 DIDIAL OPEMATION 22k DATE THEOROF 224 MANE OF CENTERN OF OPENATORY 224 LOCATION (City Louis or Admits) (City)	_		DI . EC		-				
PEMOVAL (Specify)	238	REMOVAL C	Specify) 23b. DA					**	
	h.c				Arlington .	NAT COM.	PARTING TON,	V A	
Funeral Home Inc. Mt.Rainier, Md. Date 22 1965 Feliatras Signature	١.		I t Colombia p			אולם וויי	C 2 2 1965 geli	arley Judge	

VR A15 (4) 15M 4-64



VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	CE OF DEATH DUNTY			2. USUAL RES	IDENCE (Where			Residence b	efore admission)		
4. 01		1s MARYL	a stp	a. STATE	m al		b. COUNTY	100000	1 -		
b. CI	Prince George ITY OR TOWN (If outside corporate Inte RURAL and give nearest town)	limits. C LENGTH OF STAY		c. city of tow	VN (If outside		Prince (
. "	_ Cheverly	DOA		Y North Forestville							
d. N	AME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street ad	dress)	A. STREET ADDI	RESS	<u> </u>		0.	IS RESIDENCE ON A FARM?		
P	rince George Gener	cal Hospital		7900 DIA	rcv Roa	d		YE	s 🗌 No 😓		
3. NAM	E OF First	t Middle		Last	4. DA	TÉ	Month	Day	Year		
	or print) Mariar	1 Teresa	Flak	ertv		ATH	12	5	19 65		
5. SEX		. MARRIED NEVER MARRIED		DATE OF BIRT	H	9. AGE (Ir	vears IFIIND	ER 1 YEAR II	UNDER 24 HRS.		
Tom		WIDOWED DIVORCED		16 June	1012	52	thday) Months	Days	Hours Min.		
Fem.	AL OCCUPATION (Give kind of work do	INA 10b KIND OF BUSINESS OR	hand	11. BIRTHPLA		oreign count		CITIZEN O	F WHAT		
during m	ost of working life, even if retired)	INDUSTRY		1	ington,	_		COUNTRY? USA			
	HER'S NAME			14. MOTHER'S							
The	omas J. Pumphrey			Anna M.	Sollar	8					
	DECEASED EVER IN U.S. ARMED FORCE		17.	INFORMANT		3030/	Address				
(Yes, no,	or unkown) (If yes give war or dates of se	ervice)	Ber	mard J.	Flahery	Frien	- Griff dly , Ma	Drive	S.E. 20022		
18.	CAUSE OF DEATH [Enter only one of							INTER\	AL BETWEEN AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Heart failure						minu			
	4200 DUE TO										
Con	ditions, if any, which } (b)	4 1 7 7	de h	eart dis	ease			over	3 vrs		
	rise to immediate of DUE TO	,							2 7-20		
	erlying cause last. (c										
	TII. OTHER SIGNIFICANT CONDITION	SCONTRIBUTING TO DEATH BUT NO	OTRELA	TED TO THE TERM	IÑAL DISEASE C	ONDITIONG	IVEN IN PART 1	a) 19. \	WAS AUTOPSY		
ATIO									PERFORMED?		
은 20a	EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJUR	Y OCCU	RRED. (Foter nati	ure of Injury li	Part 1 or I	Part II of Item				
MEDICAL CERTIFICATION TO STATE OF THE CATION TO STATE OF THE CATION	MARY TO OF CONTRIBUTING TO SE OF DEATH.	2001 22001120 11011 111011		are and the second	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			
₹ 20c.	TIME OF INJURY Month, Day, Ye	ear 20d. INJURY OCCURRED 20	Oe. PLAC	E OF INJURY (Ho	me, farm, 20	f. (City or	town) (6	ounty)	(State)		
ē	Hour a.m. 19	While Not While at work	ractor	y, street, office bl	(in Reference)						
	1. I certify that I took charge of		un holi	d an Autoney	Inched	tion x	Inquiry 🗙	and i	in my opinion		
		1:				Lat. St.		-	in my opinion		
06	death resulted from: Natural causes . Appldent . Suicide ., Homicide ., Undetermined manner .										
ACT	ACTUAL CHIEF MEDICAL EXAMINER										
SIG	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER										
	MINER'S	W.D. D. 1-3	3.6.1			Triggliff,	1-2	70 /	1 -		
	ME (Type) John Kehoe,	M.D. Riverdale			Street, city, to		(City, town or	12-6-			
23a. BI	RIAL, CREMATION, 23b. DATE THE MOVAL (Specify) Dec. 9-1			OR CREMATORY	1				(State)		
		_/~/	12 ()		REC'D BY R	-	Marylan		TIPE		
	NERAL DIRECTOR	ADDRESS	מו כ				25b. REGISTR		TURE S		
Sim	ons Brothers 1661.	- Good Hobe ud.	9 th +	WES II	En (1965	1	1	0		



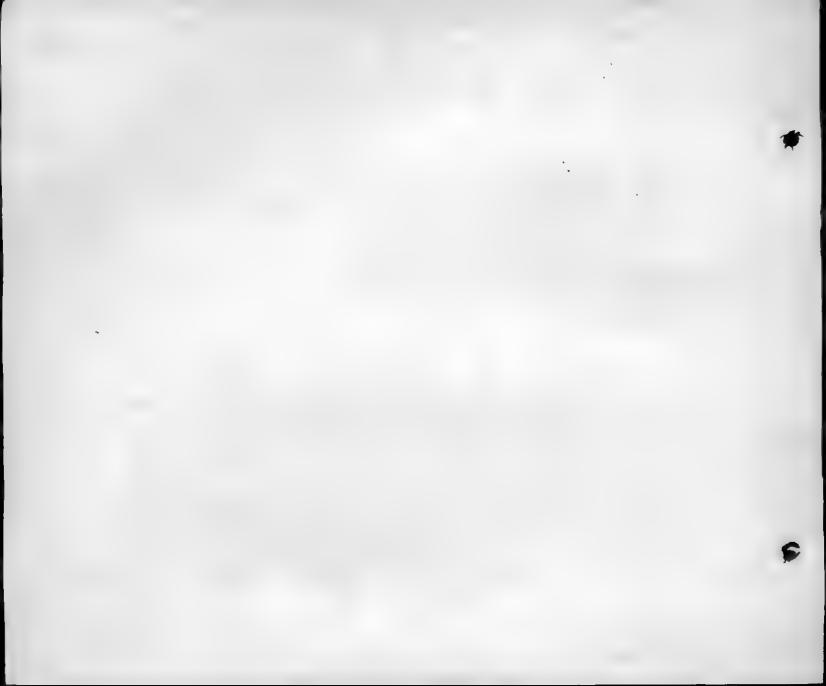
16823

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8	 	-									
	C	Εl	RT	IFI	C	Δ	TE	OF	DE	A1	TH.

205

1		a. COUNTY (a. STATE of DEATH) A COUNTY (b. COUNTY) A COUNTY (c. STATE of COUNTY)	
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Approximate Carlos Ca	
χ		d. NAME OF HOSPITAL (If not in Mospital, give street address) OR INSTITUTION 10 Fluck (Werner 18610. Pucke Cive 9N A FARK YES NO	NS.
		DECEASED (Type or print) William I Thippin DEATH wie 8 196	
)	5. \$	Well N Wild WIDOWED DIVORCED MILE 18 18 0/ 15 yrs.	HRS lin.
		Da. USUAL OCCUPATION (Give kind of work done 105 XIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) We provide the state of the	TRY?
		Samuel Clark Hyppin 14. Mother's Malden Marke Street Huelson	
	15. (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18 INFORMANT MW. Sandra Live 1301 Full view and or dates of service)	chap cley
		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	TH ,
		Canditions, if any, which gove rise to immediate cause (o), stating the under- tying couse fost. DUE TO Chapter Rey ocarcle to swit frey decamp. 12/7/6 (c) Chapter Rey ocarcle to swit frey decamp. 12/7/6 (d) Chapter Rey ocarcle to swit frey decamp. 12/7/6 (d) Chapter Rey ocarcle to swit frey decamp. 12/7/6 (e) Chapter Rey ocarcle to swit frey decamp. 10 day.	41
_	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORMED YES NO)?
اد	L CERTIF		
	MEDICAL	Haur a. m. p. m. 19 While of wark alwark ractary, street, artice adag., etc.)	otote)
		21 I certify that (I) (this haspital) attended the deceased fram. /// 1920, to 12/60, 1960, that (I) (we) saw the deceased alive on 2/21/1965, and that death accurred of 2/2M, from the causes and an the date stated about	ive.
		220 SIGNATURE TOWARD MORE WOMEN ATTENDING PHYS DIRECTOR STAFF 22b DAT SIGNATURE 22c PHYSIC ANJS 22d ADDRESS	TE NED
1		NAME Proward / Movse 17030 Carroll Ave Takoma Kuch M	ud
	23a 5Z	Genoval Special Dec. 4-65 Godar Hill. Aucland Merylas	rech
1	24	9. Unkur Watters 254 Carrall DINN DC 13 1965 Clarks Judge	



ADDRESS

4308 Suitland

Suitland

Maryland

VR A15ME 3500 4-64

FUNERAL DIRECTOR

Wilhelm Funeral Home

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

1965

Virginia

e. IS RESIDENCE

YES

12. CITIZEN OF WHAT

COUNTRY?

U.S.A.

ON A FARM?

Year

ILF UNDER 24 HRS

19 65

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinion

22. DATE SIGNED

(Stete)

NO Ex

(State)

YES

(County)

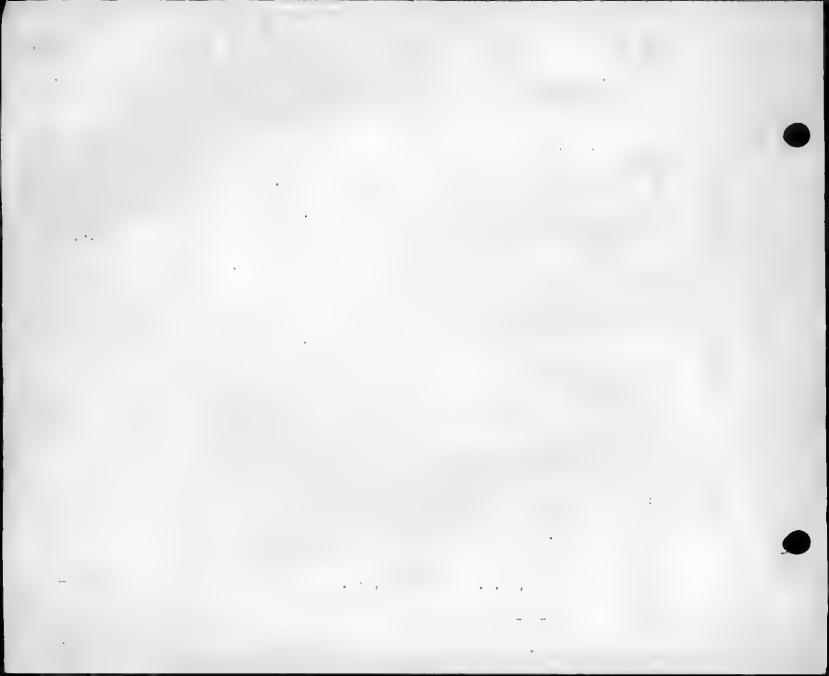
NO X



1				MARYLAND STATE Division of STATISTICAL RESEARCH AND RECO		PARTMENT OF			E 1. MAR	YLANI)
FOR S	TATE			18825 MEDICAL EXAMINER					,	1 ,	9417
EALTH	DEP	A .	Į1.	PLACE OF DEATH a. COUNTY	_	2. USUAL RESIDENCE	E (Where dec			dence het	ore admission)
		M)		NID	a. STATE Maryland		b. COUNT	r nce Ge	03800	te
be be	ath,		_	D. CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY II		c. CITY OR TOWN (If	outside corp	orate limits, writ	e RURAL an	id give n	earest town)
necessary he funera 5 may be	death					7608 Mar]	horo F	ike			
the 5 r	Department after death,			Suitland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add	ress)	p. STREET ADDRESS	DOLO Y	1110	-		RESIDENCE
S C 8	te C	91	A	ndrews Air Force Base Hospital		Forestvill	6			YES	N A FARM? ☐ NO 🔀
delay ind 3	State hours	′′		NAME OF First Middle		Last	4. DATE	Month		Day	Year
M3.2	the 72			DECEASED (Type or print) Michael Andrew	F	olk	OF BEATH	12		7	1965
E 9	A.E		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		8. DATE OF BIRTH	9.	AGE (in years	FUNDER 1 Y		JNDER 24 HRS
ges.				Male White WIDOWED DIVORCED	-	8 July 1957		8 yrs.	Months Da	ays H	ours Min.
death. Pages ith	and	ı	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		11. BIRTHPLACE (S			12. CITI	ZEN OF	WHAT
after do 3. Give i ong wit			P.R.1	ig most of working me, even if retired) industrit		Washingto		C.		S.A.	
18. al	ges		13.	FATHER'S NAME		14. MOTHER'S MAID					
E E	d Tag	- 1		Richard James Folk		Eleanor :	Floren				
24 T	File , and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16, no., or unkown) (14 yes give war or dates of service)		INFORMANT		Address			
E S	ait. oval				Ri	ichard J. Fo	1k 7	708 Marlb	oro Pi	ike	
uted with in penci Examiner	permit. removal			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					INTERVA	L BETWEEN AND DEATH
in can	Sit	v		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns 35% of bo	dy	surface				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0d U	burial-transit cremation, or			9160 DUE TO							
be exection be	ial-i nati			Conditions, If any, which gave rise to immediate (b) and Intoxication	1 0	f carbon dib	xide_a	nd carbor	1		
Per 10	burial			cause (a), stating the DUE TO			mon	oxide			
should word " Chief P	ial,		_	underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T D EA	ATER TO THE TERMINAL	IDEADE CON	NITION CIVEN IN E	PART 1/a\	110 10	AS AUTOPSY
	used as to burial		TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IKEU	ATED TO INC TERMINALL	/ISEASE CON	DITTON GIVES INV	MINT Z(a)	PE	RFORMED?
certificate iting the led to the	\$ c	(1)	CERTIFICATION	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY	Occi	HDDEB /Enter nature of	Injury In Pa	et 1 or Part (i of	Item 18)	YES [No 🔀
ting ed to	ld be prior		RT	PRIMARY TO OF CONTRIBUTING				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10001 2017		
nis Wr ard	3 should agent, p			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20	rni	ng house	rm 20f.	(City or town)	(Count	(V)	(State)
R: Trate, forw	3 st		MEDICAL	Hour a.m. 12-7- 1965 while at work at	facto	ory, street, office bldg., e	tc.)		(000170		(/
PE E	ed	110	ME	LU: 500mp.m. 12-7- 1905 at work at work		ome		ne as #2	ry 🔯	and in	my opinio
EXAM thould	CTOR: Page designated			21. I certify that I took charge of the remains described above			Inspectio	Undetermined	- 1000		my opinio
She she	RECTOR: its design			death resulted from: Natural couses Accident .	20	ilcide, Homici CHIEF MEDICA	de,		mainer [
the tage 4	REC (ACTUAL ACTUAL						22. [DATE SIGN ED
MEI				SIGNATURE		M.D. ASSISTANT ME					
≥ 6	ECT	Ą		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale,	Md.			CIU .	13	2-8-	65
DEPUT please e director.	HE CH	of	232	BURIAL CREMATION / 23b. DATE THEREOF 23c. NAME OF CEN				CATION (City, to	wn or count	ty)	(State)
P Haip	of 10			Burial 12-10-65 Arlington	Nat	tional Cemet		Arlington		Virg	
			24	FUNERAL DIRECTOR ADDRESS 1helm Funeral Home 4308 Suitland Rd	Su	. 2 4 7 4 4 3 1		STRAR 25b. RE			
	115ME		1.	The Thi Editeral Home 4000 outciand ko		ryland DEC	1 3 19	55 Julio	mes &	mag	Two
3000	4-64		1==								

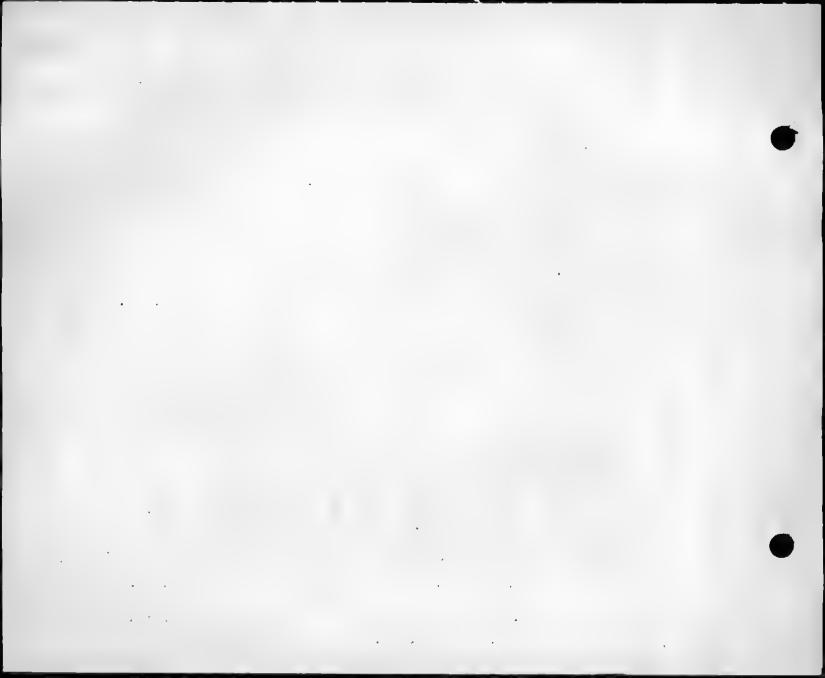


1		-		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR S	TATE	1		16826 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	31.008
HEALTH	DEPT	1	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
	1			a. COUNTY Prince George's MARYLAND Maryland Prince C	leorge 's
era be	ath.	ı	_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1D C. CITY OR TOWN (if outside corporate limits, write RURAL)	
ecessa e fune may	artır			Suitland DOA XForestville	
	Department after death.		_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
any delay is r. 2, and 3 to til PM3, Page	State hours	99	Ar	drews Air Force Base Hospital 7608 Marlboro Pike	YES ND
del.	St			NAME DF First Middle Last 4. DATE Month DECEASED DF	Day Year
PA's all	the 72			(Type or print) Richard James Folk Jr. DEATH 12	7 19 65
= = =	势	\	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER Months	1 YEAR FUNDER 24 HRS
death. e Pages iith Ton	41)	M	ale White WIDOWED DIVORCED 5 Oct. 1961 4 yrs.	
ter de Give F g witl	an		dur	ing most of working life even if retired) INDUSTRY	TIZEN OF WHAT OUNTRY?
rs after 18. Give along w	es 1		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	5.4.
	page In		10.	Richard James Folk Eleanor Florence Walsh	
24 hou n Item Office	File		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
== 0	_	- 1	(Ye	s, no, or unknown) (If yes give war or dates of service) Richard J. Folk 7708 Marlboro	Pike
with enci	permit. removal		-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
uted with! " in penc! Examiner	of P			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intoxication of carbon dioxide and carbon	ONSET AND DEATH
INER: This certificate should be executed tificate, writing the word "pending" in the forwarded to the Chief Medical Exam	a burial-transit cremation, or			9/60 DUE TO Monoxide	
e ex	ial-t nati	v		Conditions, if any, which (b)	
e de Maria	crei			gave rise to immediate cause (a), stating the DUE TO	
shou Shie				underlying cause last. (c) (c)	119. WAS AUTOPSY
he t	used as to burial,		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
to t	r ts	0	FICA	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18	YES NO
itin	3 should be agent, prior		ERT	PRIMARY 53 OF CONTRIBUTING C	**
rhis War	hou.			2Dc, TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f. (City or town) (Col	unty) (State)
to de la company	2 88		MEDICAL	Hour a.m. Not While Not While A factory, street, office bidg., etc.)	
EXAMINER: certificati nould be fo	CTOR: Page designated	16	Σ	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry x,	and in my opinion
the ce Should	E F			death resulted from: Natural Causes , Accident K, Suicide , Homicide , Undetermined manner	
### ## ## ## ## ## ## ## ## ## ## ## ##	G S			CHIEF MEDICAL EXAMINER	
TY MEDICA execute t r. Page 4	E 53			ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Y ME execu				DEPUTY MEDICAL EXAMINER	12-8-65
o DEPUTY MEDI please execute director. Page	FUNERAL Fealth or	2		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	
D DE	O FIL		23a	Burial CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	unty) (State) Virginia
=	=		24	FUNEDAL DISPETATO	0
VR A	15ME		Hi	The Im Fuperal Home 430° Suitland Rd Suitland BEC 1 3 1965 Peliant	A)
	4-64		-	1012 y La Al 1002 0 1 1505	0



15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ĮTE _	16828 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EPT.	PLACE OF DEATH 2. USUAL BESIDENCE (Where deceased lived, if institution: Residence before a COUNTY 5. COUNTY
	Prince George's MARYLAND Maryland Prince George's
-	b. CITY OR TOWN (If outside corporate limits, s. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low
	write RURAL and give nearest town)
-	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireet address) d. STREET ADDRESS e. IS RE
3	Prince George General Hospital 3211 Varnum Street YES 1
	DECEASED OF DEATH
	Margaret Rattray Scot Fralic 12 22 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR; IF UNDER
Ì	Months Days Hours
L	Female White WIDOWED DIVORCED 4-21-1894 71 yrs. 100, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinte or foreign sounity) 12. CITIZEN OF WHAT C
	done during most of working life, even if retired)
L	CLERK, RETIRED CIVIL SERVICE SCOTLAND U.S
ין.	Avanced the
17	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) If yes give war or defes of service) 14. 20.73 4 8 W. BURCHER BROWN SAME AS
L	NO 214 207248
	18. CAUSE OF DRATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BET ONSET AND D
L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain 4 days
	9000 DUE TO
	Conditions, if any, which \ (b) Skull fracture 4 days
П	gave rise to immediate cause [e], stating the underlying DUE TO
1	cause lest. (c)
la	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO
	YES 🗍
NOR TO INTERNATION	20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) PRIMARY— or CONTRIBUTING
18	CAUSE OF DEATH. Fell down steps at home
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
train of a s	Hour e.m. 12-18- 19 65 at work at work Home Same as #2
1	21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my o
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
1	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIG
l	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER TO
	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 12-23-65
-	20. BURIAL CREMATION, 22V, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (5tal
- 12	
ľ	PEMOVAL ISPECITY) / 12-2 4- (5) FLADENGRORG, MARYLAND
	CURWALLAN ITTAL
	(DEWALLSH) IT-T-100 HOKI KINCOKI



20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

EDRGE'S

YES

Day

3

Days

12. CITIZEN OF WHAT

COUNTRY?

Months

e. IS RESIDENCE ON A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20

WAS AUTOPSY

NO X

(State)

(State)

PERFORMED?

YES

DATE SIGNED

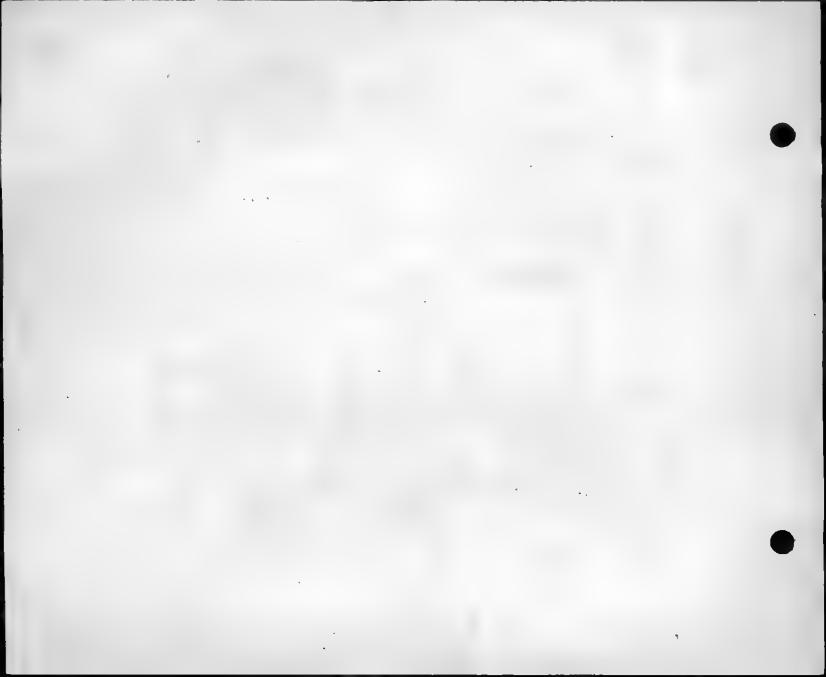
REGISTRAR'S SIGNATURE

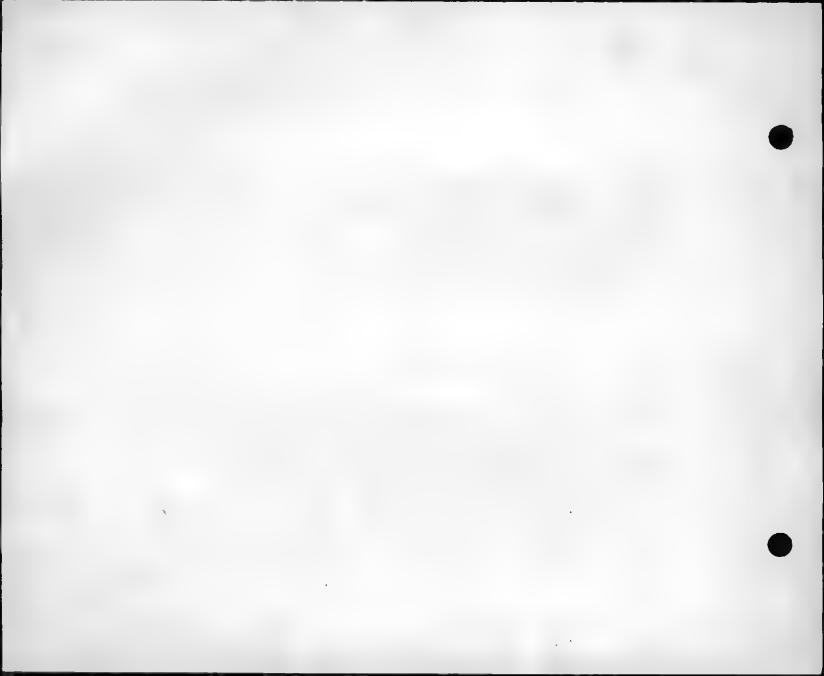
(County)

1965

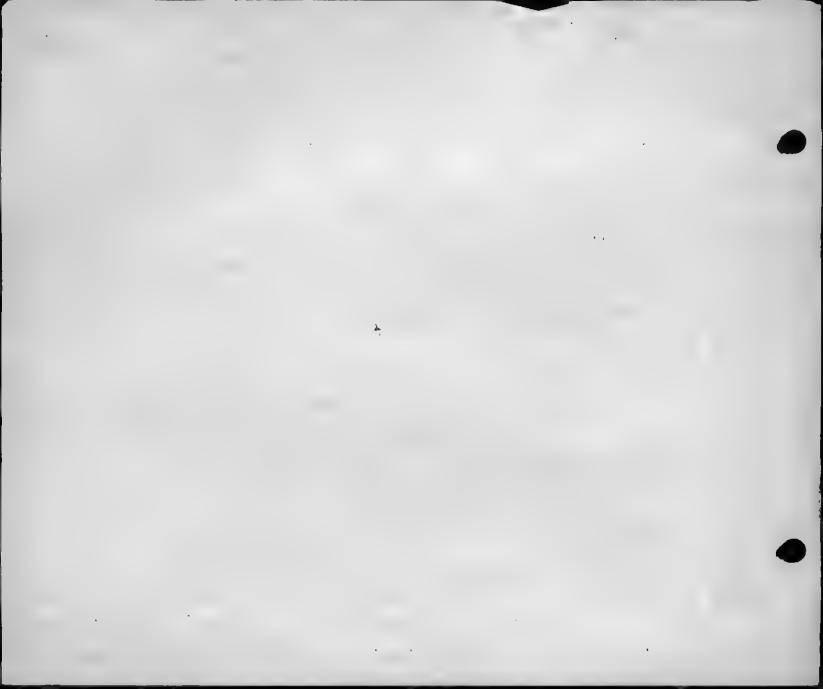
NO X

VR A15 (4) 15M 4-64





MARYLAND STATE DEPARTMENT OF HEALTH



15M 4-64



TO INFERAL DIRECTOR After this certificate has been signed by the attending thysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
INISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

LEKIIFICAI	E OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. CDUNTY PRINCE GEORGE'S MARYLAND	a. STATE b. COUNTY VIRGINIA
b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
ANDREWS AFB 1 Month	ARLINGTON 3'7'
d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
US AIR FORCE HOSPITAL	840 S DICKERSON ST YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) OUIDA KNIGHT	GEESEY DECEMBER 19 1955
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
FEMALE CAUC WIDOWED DIVORCED	21 APRIL 21 44 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) HOUSEWIFE	GEORGIA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CARL L KNIGHT	JULIA BROOKS
15 WAS RECEASED EVED IN IL C ADMEDICADOS 16 CONTAL SECURITY NO 1 17	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	HUSBAND SAME AS ITEM #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carolina ares	1 Amelita
4530 DUE TO .	4/10/1
Conditions, If any, which) (by Unknown (6)	ause_
gave rise to immediate (
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Discharing liver with C	as it a one Harts Intruted on YEEL NO [
208. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMILER) 20b. DESCRIBE HOW INJURY OCC URRED 20c. PL HOUR a.m. 4 While At Work A at Work at Work at Work	DINED. (Eliter lightly of injust) in fact to the in of frem 10.7
(IF ETIMER, NOTIFF MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19 While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	new 18 1965, to Kec 19, 1965, that (1) (we) last
saw the deceased alive on Doc 1965, and tha	It death occurred at $11^{50} \rho$ M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Uniced & miller Part USAF MA	b. PHYS. DIRECTOR DIRECTOR PHYS. 2 1800 18 65
22c. PHYSICIAN'S	22d. ADDRESS
DAVIDO S MILLER, CAPT, US AF, M	C USAF HOSP ANDREWS AFB MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, Jown or county) (State)
Burial 12-22-65 Evergele	motor dean stea Suttain
24. FUNERAL DIRECTOR, ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10. w. Chamber 6. dvc. 517-11= A	Startes Judge

VR A15 (4) 15M 4-64

Ruck Inc Baltimore, Ind.

e. IS RESIDENCE ON A FARM? NOTE

Year

19 65

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

(State)

(State)

YES

Days

COUNTRY?

same

12. CITIZEN OF WHAT

19.

. 19 65, that (I) (we) last

(County)

22b. DATE SIGNED

25b. REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR

VR A15 (4) 15M 4-64

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH



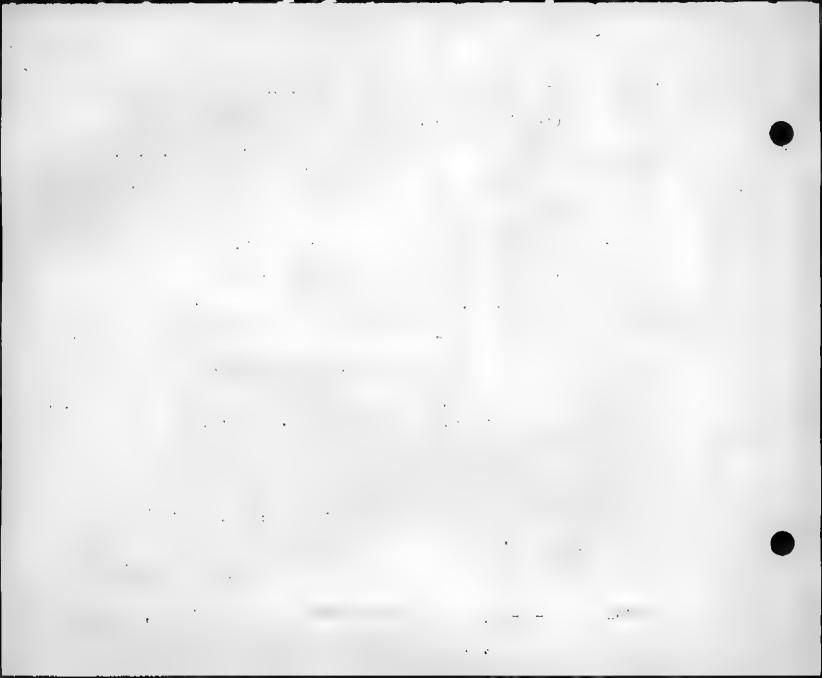
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending shysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph. within 24 hours after death. executed THE HERTIAL OR ATTENTING PERSICEN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

3 CO 7 17

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1 14 12 14 1		A man a s
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
Prince Georges MARYLANO b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	D. C.	
b. CITY DR TOWN (if diffside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
Glenn Dale (rural) 1 mo., 25 dys	d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Glenn Dale Hospital	70 Rhode Island Ave. N. E.	YES NO
NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) Rosena	Gibson Dec.	15 1965
WHINTED W HELEY WHILLED	8. DATE OF BIRTH 9. AGE (in years if UNDER 1 last birthday) Months	Days Hours Min.
Female Negro WIDOWEO OIVORCED	7/6/1889 76 yrs.	
Oa. USUAL OCCUPATION (Give kind of work done lucky most of working life, even if retired) INDUSTRY		rizen of What Untry?
Laundry Laundry		ISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Handy	Hannah Rhodes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
No Had none De	ecedent	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND OFATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart	failure	unknown
44 x X DUE TO		
Conditions, if any, which (b) hypertensive card	iovascular disease	unknown
gave rise to immediate cause (a), stating the DUE TO arteriolar nephros	scleosis with renal	
underlying cause last. (c) failure		unknown -
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTOPSY PERFORMED?
arteriosclerosis 003/	spirities, generalized	YES NO
Arteriosclerosis 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
Hour a.m. While Not While facto	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from Oc	ct. 29	_, that (I) (we) last
saw the deceased alive on Dec. 15 1965, and that	t death occurred at M, from the causes and on the	e date stated above.
22a. SIGNATURE	ATTENDING MED STATE	TE SIGNED
M.D.), PHYS. DIRECTOR PHYS. 12/1	5/65
22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D.	22d. ADDRESS Glenn Dale Hospital Glenn Dale, Marylan	d
3a. BURIAL CREMATION 23b. DATE THEREOF 1 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
Burial 12-21-1965 Arlington Nat	tional Arlington, Virgi	inis
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Malvan & Schree In 1124-KS	thu DEC 20 1965 Icharles	Judge.

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. 14 Hours after -th. 7. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the death curtificatin be exemited within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

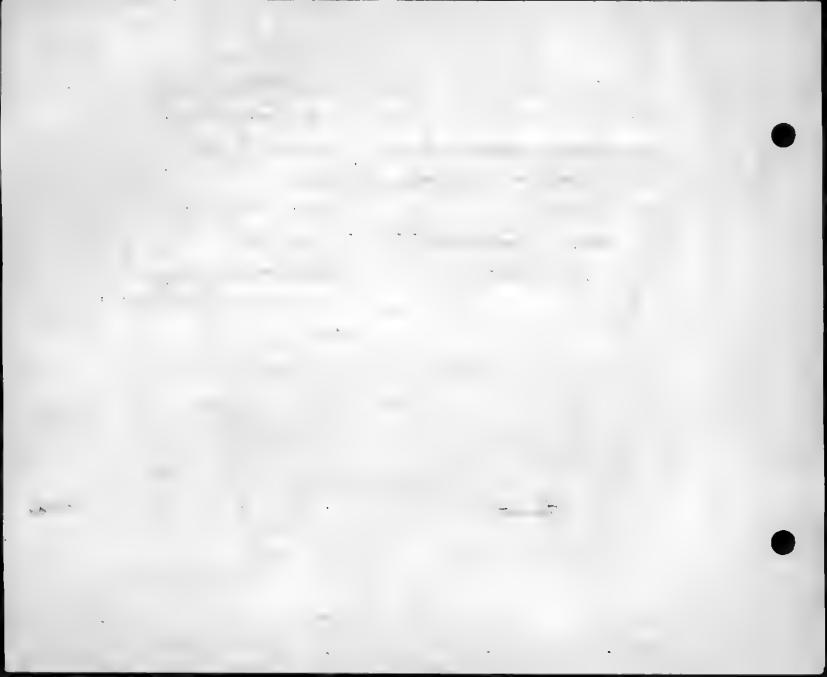
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

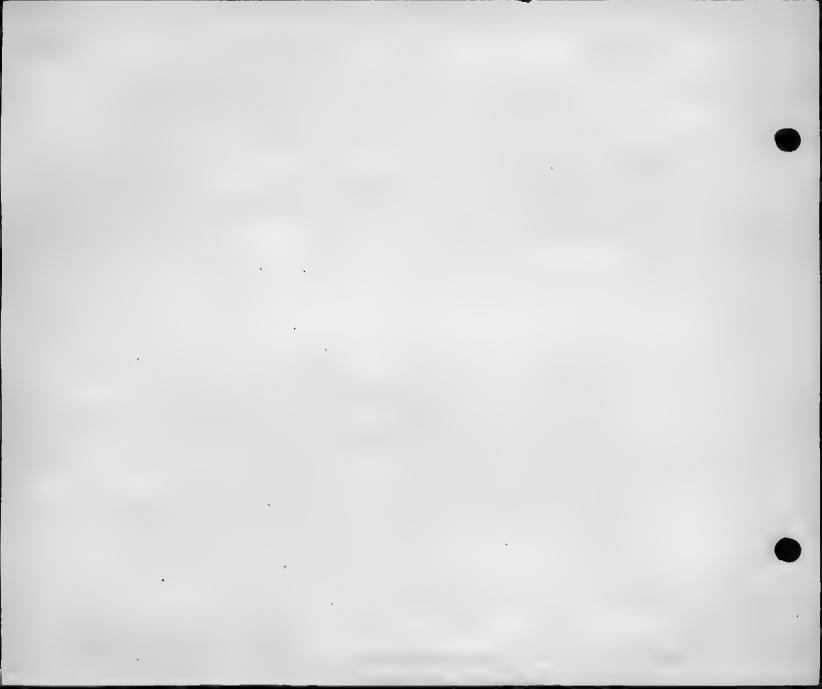
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	a. STATE b. COUNTY
b. CITY OR TOWN (If cutside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. OTT OR TOWN (IT Outside corporate mints, write RORAL and give nearest towns
Cheverly 3 days	X Landover Hills
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
D 1 0 0 1 11 11 1	
Prince Georges General Hospital 3. NAME OF First Middle	7105 Webster St. YES NO
DECEASED	Last 4. DATE Month Day Year Dec. 27
(Type or print) Bertha H	Godfrey DEATH MAR XX 1965
	B DATE OF BIRTH 9 AGE /In years LEUNDER 1 YPAR IF UNDER 24 HRS.
Femalw White WIDOWED X DIVORCED	14 Mar 1887 (ast birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 1 10b, KIND OF BUSINESS OR	14 Mar., /88 / 78 yrs.
during post of working life, even if retired) INDUSTRY	COUNTRY?
HUUSEWIFE OUN HOME	WilmingTod DELA 4.8
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEWIS /LINKLE	MMELIA GANKHOWN
	INCOMMENT Address
(Yes, no, or unknyrn) (If yes give war or dates of service)	, COBB TSLAID
NOVE MONE	UND ESMY & HUNDS, AND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY (1) MC K & R - lar	ONSET AND DEATH
IMMEDIATE CAUSE (6) / Course Production	was providing comme
DUE TO DUE TO	1/01-1-0-01-15
Conditions, if any, which gave rise to immediate (b) (2) Multiple	2 Belany James
cause (a), stating the DUE TO	
underlying cause last. (c)	O allers
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
II	PERFORMED?
	YES XX NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE PART	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor with the p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1957, to 2/26, 1963, that 47 (we) last
saw the deceased alive on 12 12 6 19 6) and that	death occurred at 12,5 m, from the causes and on the date stated above.
22a. SIGNATURE	L 22h DATE SIGNED
M.D.	ATTENDING MED. MED. STAFF DIRECTOR PHYS. [142/6]
22c PHYSIOTAN'S	22d. ADDRESS
NAME (Type) / / USSE	4410 >4 and IL thanke hel
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bunial 12-31-45 9RLENHIL	i WilmingTed, Dilyward
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
William reactor (1910, Del.	MAN 3 1966 Peliande Oudes
The modern contract of	1966 Pelianles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 funenal 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY a. STATE ASPINAton MARYLAND b. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town) ide c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 2 hour filled in Modulde. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e, IS RESIDENCE ON A FARM? within No X YES WR51ng and sompletely carbon 3. NAME OF First Middle 4. DATE Month Day Last DECEASED 3 1965 has been signed by the attending physician and complete as the burial-transit permit. Then please remove carliprior to burial, cremation, or removal, and in any event, (Type or print) DEATH 6. COLOR OR RACE NEVER MARKIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED ! -20 1Da. USUAL OCCUPATION (Give kind of work done 12, CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY// COUNTRY? U. 5. 13. FATHER'S NAME MOTHER'S MAIDEN NAME 0. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) None illiam Guckent INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAM: The law requires that the be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CITIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY this certificate hadetached for use a Dept. of Health p PERFORMED? NO X YES [Much 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) EDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DIRECTOR: After the sage 3 should be det filed with the State D factory, street, office bldg., etc.) Hour a.m. White Not While at work p.m. at work 21. I certify that attended the deceased from and that death occurred at 150M, from the causes and on saw the deceased alive on 22a, SIGNATURE DATE SIGNED O FUNERAL DIRE director, page 3 should be filed w M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. DATE THEREOF REMOVAL (Specify) Drince GERRARA REC'D BY REGISTRAR 1 REGISTRAR'S ADDRESS . 25b. VR A15 (4) 15M 4-64



	DIVISION OF	STATISTICAL R		, 301 W. PRESTOR E OF DEATH	N STREET, BA	ALTIMORE	1, MARYL	22y
1.	PLACE OF DEATH	_		2. USUAL RESIDER	VCE (Where dece	sad lived, If in		ce before admissi
-	b. CITY OR TOWN (GEORGES if outside corporete limits,	MARYLAND		(If outside corpora		PRINCE	GEORGE
_	RIVERDI			BREN	TWOOD			. IS RESIDEN
		1.4	not in hospitel, give street address) MORIAL HOSPITAL	4512	3 F TH	PLACE		ON A FAR
3.	NAME OF DECEASED (Type or print)	First	Middle	HARMAN	4. DATE OF DEATH	Month DECEME	Dey	Yeer 19 <i>6 5</i>
5.	SEX		. MARRIED NEVER MARRIED	8. DATE OF BIRTH		st birthdey)	F UNDER 1 YEAR	IF UNDER 24 HE Hours Min
10	HEMALE De. USUAL OCCUPAT	ION (Give kind of work	WIDOWED DIVORCED 106, KIND OF BUSINESS OR INDUS	NOVEMBER 2		9 / Yrs.	12. CITIZEN C	F WHAT COUNT
	Housew	rking life, even if retired) IFE	Oun Home			INSYLVAN	4 6	1.S.A.
13	JACOB	CORP		MARY	WELTY			
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17.		1450.7	Address		
(1)	es, no, or unkown) (I	fyesgive weror detes of ser		ESSIE GRA	V - DAUGE	HER /	SAME	L. A.BOUL
		EATH Enter only one of	euse per line for (a), (b), and (c).)					
		H WAS CAUSED BY:	0 10000 11	Their	711111	+ fac	Car Or	ERVAL BETWEE
	1 0	IMMEDIATE CAUSE (e)	- College	The A	year of	- 11.	At 1	away
١.	+200	DUE TO	· MASTA	ind Cle	rolle	Hear	CATE !	10 4/X-1
	Conditions, if any		Co g go c	1. 1	-			-
	geve rise to immad (a), steting the u	OUE TO	MIMI.	eas arik	reod	ceer	12074	necelers
	couse lest.	(c)	Not 100					
z			ONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 3(e)	9. WAS AUTO
CERTIFICATION								PERFORMED YES NO 4
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCCUP			of item 18.)		
MEDICAL	20c. TIME OF INJE Hour a.m. p.m.	JRY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. P While Not While et work et work	LACE OF INJURY (Home, fe actory, street, office bldg., et	rm, 20f. (City o:	town)	(County)	(Slete
		R-IC 1	l) attended the deceased from	PM PM			, 19.6 5, 1	
	saw the decease	sed alive on	19.65, and the	of death occurred at	AS 20W, Irom I	ie causes ar	id on the da	22b. DA
į	22e, SIGNATURE	110 111	alan.	M.D PHYS.	MED.	STAFF PHYS.	17	-SI SI
	22c. PHYSICIAN'S NAME (Type	1 11/1	12/in M1	22d. ADDRESS	1 20 11	La l	7 7	/ .
		F-10 6	11/1/1/1	1100			7 10	
23	Be. BURIAL, CREMATI	Lec 10, 19	OF 23c. NAME OF CEMETER	Cemetery	Colonal Colona	on (City, town	or county)	1d (State)
2	FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS, A 1	250. RI	C'D BY REGISTRA	R 256, REGI	STRAR'S SIGNA	TURE
10		/ , 1 ('	1/ 4:			ami 5 (VY') r		
-	3. Ma	solls Sa	nd byath rulli.	11(c), DEC	3 1 3 1 9 6	5 Juli	ares fr	egge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH FIRE. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE at director, Page for your files, r b. COUNTY 6 Prince George's District of MARYLAND Columbia Department death. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) e. LENGTH OF STAY IN 16 write RURAL and give nearest town Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS nould be executed within 24 hours after death. It any war, "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral. Office along with form PM3. Page 5 may be retained to burial-transit permit. File page 1, and 2 with the State D burial-transit permit. File page 1, and 2 with the state of burial-transit permit. Prince George General Hospital Street 3. NAME OF DATE 4. Month Dav DECEASED OF (Type or print) DEATH James Monroe Luther Haskins 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years (IF UNDER 1 YEAR last birthday) Male WIDOWED [DIVORCED T Negro Jan. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Stock Clerk January 2, 1938 U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Monroe Smith Lillian Harris DEPUTY MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | ((fyes give war or dates of service) Lillian Faskins-515 3rd St.. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac tamponade DUE TO (b) Rupture of aneurysm of ascending aorta cremetion, please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a bleath or its designated agent, prior to burial, cremetion, eave rise to Immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yaer 20d, INJURY OCCURRED 20f. (City or lown) (County) factory, streat, offica bldg., atc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy V Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident 7 Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER IX EXAMINER'S NAME (Type) Riverdale Md Add 12-19-65 NAME (Type) Joyn Kehoe,
22a, BURIAL, CREMATION, 22b. DATE THEREOF Address (Street, city, town, or county)

VR A15ME

REMOVAL (Specify) Burial

Co.,

23. FUNERAL DIRECTOR

Come temy JUSTI THE COLL SIGNATURE 246. REGISTRAR'S SIGNATURE 12th Street, NE 2 1965

Jashington

22d. LOCATION (City, town, or county)

e. IS RESIDENCE

YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔀 NO 🗇

> > (State)

DATE SIGNED

min.

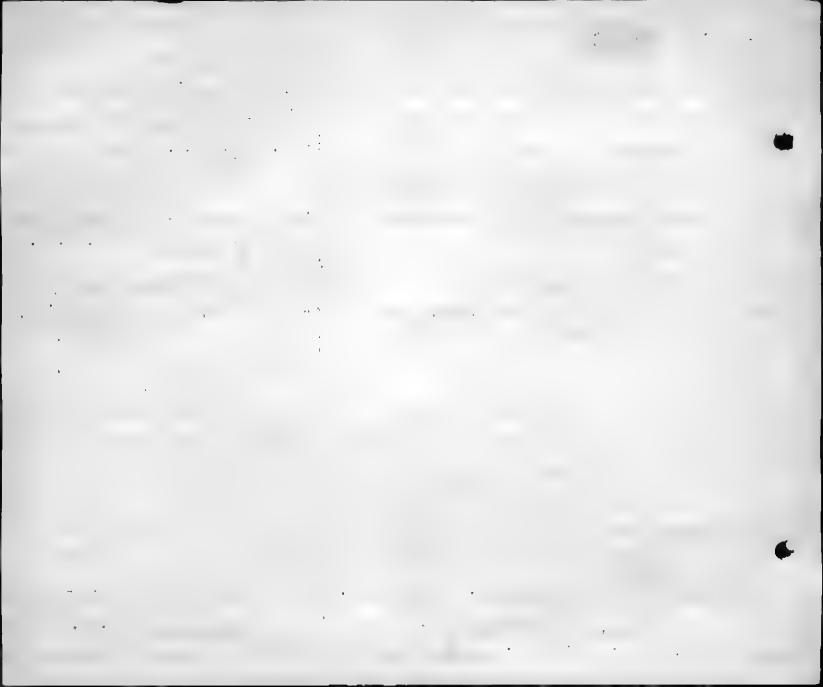
min.

IF UNDER 24 HRS.

ON A FARM?

65

5M 1/63



FOR STATE HEALTH DEPT

TO DEPUTE INTEGRAL EX. WHER: This certificate should be executed within 14 hours that death, if any delay is necessary, plane execute the certificate, writing the next "pending" in pencil in 15mm 18. Give hage 1/2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 fig. be retained for your files.

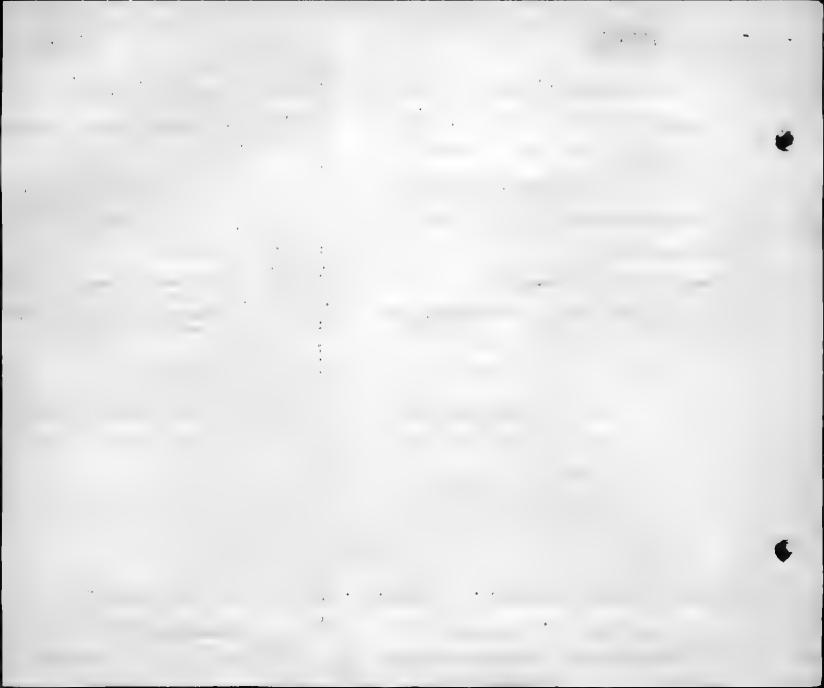
IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. ID DEPUTE HISICAL EX WITER: This certificate should be executed within \$4 hours.

VR A15ME 5M 1/63

MANYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

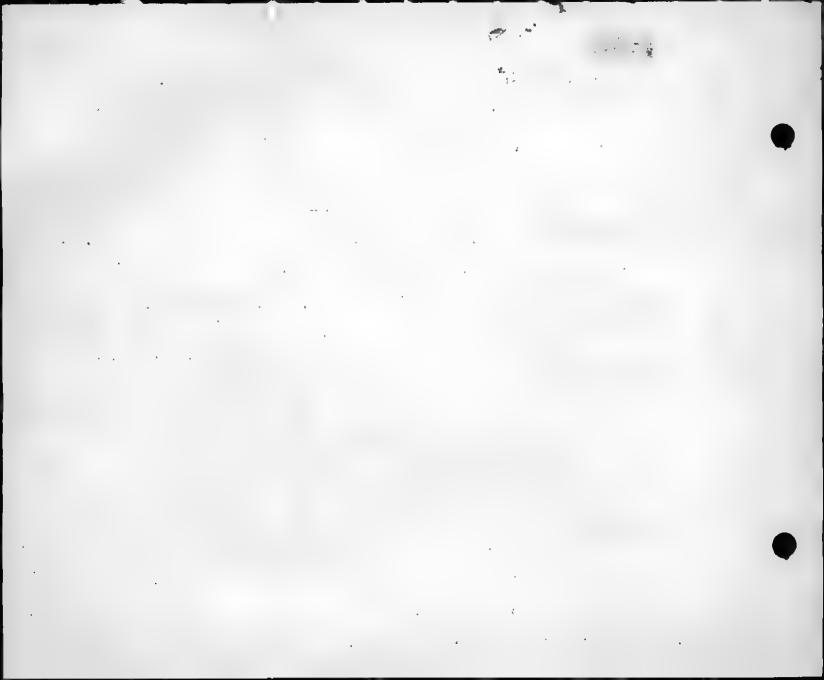
1-4			44							
九	PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, if institutions Resi	dence before edmission							
1		a, STATE b, COUNTY	- 1 -							
	b. CITY OR TOWN (if outside corporate limits. s. LENGTH OF STAY IN 1b	Maryland Prince Geory	de . 2							
ı	write RURAL and give neerest town)		ive neglest town)							
	Cheverly DOA	4 Brentwood								
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?							
L	Prince George General Hospital	3707 Upshur Street	YES NO							
3.	NAME OF First Middle		Day Year							
	DECEASED (Type or print)	OF DEATH TO	,							
-	Anna Margaret, Hera	th 12	21 19 65							
3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE. lest birthday) Months Day								
1	Temale White WIDOWED DIVORCED	23 April 1886 79 yrs. Months	ys Hours Min.							
10:	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY							
00	ne during most of working life, even if relired)	Commons	SA							
13.	Housewife	Germany US	J.A.							
	George Tanner	K. Schlenke								
15.	WAS DECEASED EVER IN U.S. AIMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address								
''	Ann	a M. Leftwich-Daughter-Same as It	tem #2							
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN							
	PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH							
	IMMEDIATE CAUSE (a) Heart failure		5 days							
	4200 DUE TO									
	Conditions, if any, which \ (b) Arteriosclerotic heart disease									
	gave rise to immediate cause DUE TO									
	(e) mainfil the mudstaking									
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	11 19 WAS AUTODOV							
CERTIFICATION		A VICENTED TO THE PERSON OF CONTROL OF THE LAND IN	PERFORMED?							
3			YES NO 3							
RTIE	20%. EXTERNAL CAUSE WAS 20%. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pert I or Pert II of item 18.)								
8	CAUSE OF DEATH.									
₹		CE OF INJURY (Home, farm, ; 20f. (City or town) (County)	(State)							
MEDICAL		ory, street, office bldg., etc.)								
×	p.m. 19 at work at work									
	21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection X . Inquiry X, a	nd in my opinion							
	death resulted from: Natural causes 🔀 Accident 📶 / Suici	de, Homicide, Undetermined manner [
	$\Delta / = 10 $ T/	CHIEF MEDICAL EXAMINER								
	ACTUAL /	ASSISTANT MEDICAL FYAMINED	DATE SIGNED							
	SIGNATURE CONTRACTOR OF THE SIGNATURE	M.D.	Person Grands							
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	,							
-	NAME (Type) John Kehoe, M.D. Riverdale, Mc		-21-65							
224	BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)							
	Byrial Dec. 24-65 Cedar Hill Ce	metery Suitland, Maryland	1							
23	FUNDRAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN								
Q.	Line Bros1661-Good Hope Rd SE Wash	DEC 27 1963 filianles	Judas							
W.	Lindns Bros1001-Good Hope Rd SE Wash	DC DXXE A DOUG A TOUR	xul ge							



VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 7 1										All and	
	1.	PLACE OF DEAT	Н			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
		Prince George's MARYLANI				a. STATE b. COUNTY Maryland Prince George's					
		b. CITY OR TOW	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I		rate limits, write	RURAL and give	nearest town)	
			verdale	25 days		Y Lanham					
			SPITAL OR INSTITUTION (If not	in hospital, give street addr	ess)	d. STREET ADDRESS			0.	IS RESIDENCE	
1		Eu	gene Leland Mem	orial Hospital		1 9437 D	ubarry A	venue	Y	ON A FARM?	
	3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Oay	Year	
		(Type or print)	Clifto	n Bourrough	s_	Hickerson	DEATH	12	9	1965	
		SEX		RIED K NEVER MARRIED	- J	DATE OF BIRTH	9.		UNOER 1 YEAR I	FUNDER 24 HRS. Hours Min.	
		Male		WED OIVORCED	ן [8-5-1893		72 yrs.			
	10a dur	lusual occupations most of work Retired	In a life aron of retired)	oh. KIND OF BUSINESS OR INDUSTRY tate Govermer	ıt	11. BIRTHPLACE (County & State, o Virgi		12. CITIZEN C COUNTRY? U.S.		
	13.	FATHER'S NAM				14. MOTHER'S MAI			-		
		Hubert	Clifton Hickers	on		Nannie	?				
	15.	. WAS DECEASED	EVER IN U.S. ARMED FORCES?		17.	NFDRMANT		Address			
		Yesun	unknown		Jam	es H. Hick	erson, S	Son/Medic	al Recor	rd	
			DEATH [Enter only one cause	per line for (a), (b), and (c).	1	A 2.	21/		INTER	VAL BETWEEN T AND DEATH	
		PART I. Di	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Claudia	1	1.1.200	Musica	el Ly	1/8	06512	
			T OUE TO	Homle 1	1	12.3/1	1.101	2 Clero	22/2 263	detto.	
		Cenditions, If		XUILLE	1	a lill	2621	CRO VI		1. 36	
		gave rise to cause (a), s									
	_	underlying caus									
	TIO	PART II. OTHER	SICNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELAT	EO TO THE TERMINAL	OISEASE CONDI	ITION GIVEN IN PA	RT1(a) 19.	WAS AUTOPSY PERFORMED?	
Ą	FICA								YES	□ NO □	
	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING 20 ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	DECUR	RED. (Enter nature o	f Injury in Pari	t I or Part II of I	tem 18.)		
	MEDICAL			Dd. INJURY OCCURRED 20e	PLACI	E OF INJURY (Home, f	arm, 20f. (C	Ity or town)	(County)	(State)	
	103½	Hour a.s	1 11	Thile Not While '	actori	r, street, office bldg.,	016.)				
į			y that (1) (this hospital) at	ended the deceased from	112	14 1	965 to_	12-4	1945, tha	t (I) (we) last	
		saw the de	ceased alive on Alexander	5 19 65 and	that (death occurred at.	94 M. fron				
		22a. SICNATU	RE 7/1 /2	1101		ATTENDING	MED.	STAFF -	22b. DATE SICI	NED	
			W Glass	1000	M.0.	PHYS.	OIRECTOR .	PHYS.	11-9-	600	
		22c. PHYSICI/ NAME (T		10/11/10/	10	22d. ADDRESS	i eine	rank	200	7 2-2.	
	23a	BURIAL, CREA		23c. NAME OF CEME		OR CREMATORY		ATION (City, town		(State)	
		B utility (Sp		Ft. Linco	oln			lmar Ma		Md.	
0		. FUNERAL DIRI		AOORESS		25a. RE		RAR 25b. REGI		TURE	
N		Francis	Gasch ^t s Sons	Hyattsville, M	d.	DATEE	C 1 3 19	965 FC	iarles fi	7	



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLANI
46845	CERTIFICATE OF DEATH	2:2:

											_
1.	PEACE OF DEATI	1						deceased lived, If Inst		ce before admission	n)
	Prince	George		MARYL	AND	a STATE Marylan	1	Pr.	Geo.		
	b. CITY OR TOW	N (If outside corporate and give nearest tow	te ilmits,	c. LENGTH OF STAY		C. CITY OR TOWN (If				lve nearest town	n)
	Bowie	Sud Risa Hagiast row	11)	Dec. 1962	2	7 Bowie					
	d. NAME OF HO	PITAL OR INSTITUTIO	N (if not in h	ospital, give street add	dress)	d. STREET ADDRESS				e. IS RESIDENC ON A FARM?	E
_	12301-K	emmerton	Lane			12301-1	Comme	erton Lar	10	YES NOTE	
3.	NAME OF DECEASED	FI	rst	Middle		Last	4. DAT	E Month	Da	y Year	
	(Type or print)	Fel	ix	F.		Hill	DEA	TH Dec.	10	19 65	
5.	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8	. DATE OF BIRTH		9. AGE (In years last birthday)	FUNDER 1 YEA	R IF UNDER 24 HR	
	Male	White	WIDOWED	DIVORCED		10/24/1896	5 6	59 yrs.	Months Days	Hours Min	l.
108	USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & Sta	ete, or foreign country)	12. CITIZE		
1001	Mach	ng life, even If retire inist	0) 1	MD031K1		Mt.Pleas	ant,	Pa.	COUNT	.A.	
	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				
	John	Hilinski				Mary Or	vits	ıky			
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address	S		_
100	Yes	WWT		18-03-955	7	Mrs. Estel	lle 1	M. Hill (above	add res	S
		1010		Ine for (a), (b), and (c).	1	4	(Wi			ERVAL BETWEEN	N
Н		ATH WAS CAUSED BY IMMEDIATE CAUSE		bul to	Mu	or Out.	rey	Lower)	lo XI ON	SET AND DEATH	,
Н	, , ,			71		1	1	/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
Ш	Conditions, If	DUE any, which \		D. a. P15	2	al I dela		/			
	gave rise to	Immediate ((b)	and the	-						
	cause (a), si underlying caus			,							
Z			(c)	ITING TO DEATH BUT NO	TRFLA	TED TO THE TERMINAL D	DISFASE CO	ONDITION GIVEN IN F	PART 1(a) 119	. WAS AUTOPSY	Ÿ
CERTIFICATION	T PART THE STATE OF		301011111111111111111111111111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ I II II I		71021020	D,1 D , 1 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,,	PERFORMED?	_
RTE	20a, ACCIDENT OR CONTRIBUTI	WAS UNDERLYING TO	ZOD. 1	DESCRIBE HOW INJURY	Y DCCU	RRED. (Enter nature of	injury in	Part or Part of	Item 18.)		
	(IF EITHER, NO	NG CAUSE OF DEA	NER)								
[S		NJURY Month, Day,			e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f.	. (City or town)	(County)	(State)	
MEDICAL	Hour a.r		While at worl	Not While	,	,,,,					
	21, 1 certif	y that (I) (this hosp	ital) attend	ed the deceased fro	m/	ee. 1!	9.62.1	o 10 Dec.	, 1965, 1	that (I) (we) la	st
		ceased alive on. 1	1-8-	1965, an	d that	death occurred at6	584 M,	from the causes a			/e.
	22a. SIGNATUI	John	- Ch	trua 4	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	IGNED	
	22c. PHYSICIA NAME (T)		CO	5 M A . M	.0.	22d. ADDRESS		ROOK AV	BOWI	E. Mo	
238	BURIAL, CREN	ATION. 23b. DATE	THEREOF	1 23c. NAME OF CEN	AETERY	OR CREMATORY		LOCATION (City, to	wn or county)	(State)	=
	REMOVAL (Sp. Buri	sclfy)	4	Arlington					Va.		
24	. FUNERAL DIRE	CTORNAL Ley	1965	ADDRESS///+	Bo	nier 25a. REC	C'D BY RE	GISTRAR 25b. RE	GISTRAR'S SIG		
	Funeral	Home Inc		Mary lar	ne.	DEC	1.6	1965 /	ante Je	udge	
1			-	7.11-12		LM+E		1//	- 11	1/	

2 5

FOR STATE HEALTH DEPT.

posse execute the certificate, writing the word "pendid be exempted while 14 Flours after durth. If any dulay is necessary, please execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within (2 state death.

MARYLAND STATE DEPARTMENT OF HEALTH 16846 of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1090

Λ 1.	PLACE OF DEATH				NCE (Where deceased lived, If	institution: Residence	ce before admission)
1		o Coomania	200000000000000000000000000000000000000	a. STATE	b. coul	NTY	
-	P CITY OF TOWN (8	e George s	MARYLAN	THE PARTY OF THE	Pri	nce George	els
	write RURAL and	give neerest town)	E. LENGTH OF STAT IN	e, CITY OR TOWN	(If outside eorporete limits, writ	le RURAL end give n	neerest fown)
	Cheverly		DOA	Seabrook			
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	5		e. IS RESIDENCE
,				(ON A FARM?
3	Prince Ge	orge General H	lospital	6502 94th	Avenue		AE2 NO X
3.	DECEASED	12917	Middle	Last	4. DATE Mont	th Day	Year
	(Type or print)	Bruce E	dward H	olzer	DEATH 12	20	19 65
5.	SEX	6. COLOR OR RACE 7. MARE	LIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
,	5-1-7-				last birthday)	Months Days	Hours Min.
100	lale -	1111100		18 Aug. 1921	144/3/ yrs.		
, de	one during most of work	king life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	e or foreign eountry)	12. CITIZEN O	F WHAT COUNTRY?
		tion operator	Gas static	n		US	A
	FATHER'S NAME		Jan Dualit	14. MOTHER'S MAIDEN	I NAME		
	How	ard Holzer		Katherine	Las		
15			a maria arminimi ilm i a				
(Ye	is, gg, or unkown) (if:	R IN U.S. ARMED FORCES? 116 yesgive wererdelesofservice)			Addres		
	yes	ww 11		arol E dolze	r Landover	ills, Md	
eng; T	18. CAUSE OF D	EATH [Enter only one cause per	line for (a), (b), and (c).)	· · · · · ·			ERVAL BETWEEN
		WAS CAUSED BY:	. 1 1 1	0 1 1			SET AND DEATH
		MMEDIATE CAUSE (0)	n shot wound	or head		mi	inutes
1	1 1 1	DUE TO					
1	Conditions, if eny,						
1	geve rise to Immedie	DATE TO					
1	(e), stating the un	derlying					
-		(c)	NITRIDITING TO SEATH BUT				100
Ó	PART II. OTHER	SIGNIFICANT CONDITIONS CO	MIKIBUING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 15	P. WAS AUTOPSY PERFORMED?
13						Y	ES NO T
CERTIFICATION	20a. EXTERNAL CA	USE WAS 206 DES	CRIBE HOW INJURY OCCURS	ED. (Enter nature of Injury in	Part I or Pert II of item 18.)		
18	PRIMARY ET OF CON	NTRIBUTING []					
	20c. TIME OF INJUR		t self in head				
MEDICAL	Hour a.m.	Y Month, Day, Yeer 20d Wh	ile Not While	PLACE OF INJURY (Home, for fectory, street, office bldg., et		(County)	(Stata)
WE		12-19- 1965 HW	140) ((11114		ue. Landover F	MA effet	
	21. I certify the	at I took charge of the re	mains described above.	held an Autopsy	Inspection X Inqui		in my opinion
1	death resulted fr		_		_		iii iiiy opiiiioii
	Geath Leading Il	Olin: INBIDITAL PROCES	Accident . S	urcide X. Homicide		nan ner	
		1 / / /		CHIEF MEDICAL	EXAMINER		
	ACTUAL SIGNATURE	1-1m-	engy	M.D. ASSISTANT ME	DICAL EXAMINER	D	ATE SIGNED
		1111			AL EXAMINER X		
	EXAMINER'S NAME (Type)	hn/Kehoe M.D.	Riverdale.		city, town, or county)	12	-20-65
220		N. 22b. DATE THEREOF	22c. NAME OF CEMETERY	Oncentivations	22d. LOCATION (City, Jown		(State)
	REMOYAL (Specify)			- "	Arlington Vi	***	(here)
	urial	7				0	
23	. FUNERAL DIRECTOR		ADDRESS	240;_ RE-	C'D BY REGISTRAR 246, REG	STRAR'S SIGNATU	
	F. Gasch	's Sons Hyat	tsville, Md.	UEU	27 1965 FC	iarles Jus	dge
				I DAJE			V

VR A15ME 5M 1/63



e. IS RESIDENCE ON A FARM? YES [

Year

19 65

Hours

INTERVAL BETWEEN

ONSET AND GEATH

WAS AUTOPSY

PERFORMEO?

NO [

(State)

(State)

SIGNATURE

YES M

19

Days

NO .

Min.

VR A15 (4) 20M 1/65

after death.

hours

within

certificate

eath

requires that The

PHYSICIAN:

physic

X

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1	1684	8	Tto	CERTIF	ICATI	E OF DE	<u>i_</u>	7/66 T	.c			; (1)
X	1	PLACE OF DEATI a. COUNTY	NCE GEORG	2516	71		2. USUAL RI e. STATE	ESIDENCE.	(Where dece	ased lived, If in	stitution: Re NTY	esidence be	fore admission)
7	_		N (if outside corpora and give nearest tov		MAF	RYLAND AY IN 1b			SAPPI tside corp	orate limits, w	rite_RURAL		
6	Α	NDREWS			6 DAY	'S	co	LUMB	vis//A/I	K/AOK	EBA	i dala SE	
		d. NAME OF HO	SPITAL OR INSTITUTION	DN (if not in	hospital, give street	address)	d. STREET AL		6:	Da /	ن لات	s 0. I	S RESIDENCE ON A FARM?
0				DREWS					Churcl				NO X
	3.	DECEASED (Type or print)	JO	irst RF	MIddle NMT		HOWEL		4. DATE OF DEATH	DECEMI		3 O	19 6 5
	5.	SEX	6. COLOR OR RACE			ED E	DATE OF BI		9.	AGE (In years last birthday)	IF UNDER	1 YEAR IF	UNDER 24 HRS.
	-	ALE	CAU	WIDOWE			J	1919		6 yrs.	Mondio		
	dur	I USUAL OCCUPATION MORE OFFICER	ION (Give kind of work ing life, even if retire	ed)	INDUSTRY S AIR FOR		01	4	ty & State, (or foreign countr	CO	TIZEN OF DUNTRY?	
100		FATHER'S NAM		1 00	J AIR FOI	CL	14. MOTHER	7210	NAME		1 0		
2		JOBE R	HOWELL				HANC	HR	20	nknor	in		
E	15. (Ye	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates)	of service)	S. SOCIAL SECURITY		INFORMANT			Addre			
		YES			62-14-6330		litary	Reco	rds,	Andre	ws Al		
			DEATH [Enter only or EATH WAS CAUSED BY	fz	line for (a), (b), and	(c).]	arres	7	1			ONSET	AL BETWEEN AND DEATH
		1992	IMMEDIATE CAUSE	• •	A	~		- 0					
		Cenditions, If	any, which }	(b)	cache	xia							
		gave rise to cause (a), si underlying caus	tating the DUE	(c)	Carcin	omi	atosis	S					
	TION		IGNIFICANT CONDITI		BUTING TO DEATH BU	TNOTRELA	TED TO THE TER	MINALDIS	EASE COND	ITION GIVEN IN	PART 1(a)	19. W	AS AUTOPSY RFORMED?
*	FICATI											YES	NO 🗌
€'	CERTIFI	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH (NER)	DESCRIBE HOW IN	IURY OCCU	RRED. (Enter n	ature or in	ijury in Par	T I Or Part II	or item 18.	J	
	MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day, n.	Year 20d.	INJURY OCCURRED	20e. PLA facto	CE OF INJURY (i ry, street, office	Home, farm bldg., etc.		City or town)	(Cou	nty)	(State)
	Σ	21 L contil	m. 19 y that {} {this hos			from 2	H Dec	70	6.5 to	30 Do	006	E that	M) fuel last
				30 Dec	19 65	and that	death occurr	red at	M, from	m the causes	and on th	he date s	tated above.
		22a. SIGNATU	RE		(, , ,	2	ATTENDING	☐ ME	D	STAFF	22b. D/	ATE SIGNI	D (s
1		22c. PHYSICIA		0	frem	MC M.D	PHYS.		RECTOR _	PHYS.	1 20	203	31
- 1		NAME (T	THOMAS	J.F:	IENE, CAPT	r, USA	F USA	F Ho	spita	al And	cews,	Wash	, D.C
	23a	BURIAL CREM			23c. NAME OF	CEMETERY	OR CREMATOR	LY /	23d, L00	CATION (City, 1	own or cou	inty)	(State)
	24.	Servicell. FUNERAL DIRI	ECTOR /	66	ADDRESS	gla	1/4 860	5a. REC'D	BY REGIS	TRAR 25b. F	FGISTRAR'	S SIGNAT	JRE JRE
	2	w. w.c.	hambers o	E. luc.	.517-11th	tt.	J.E. D	HAN ?	19	56 m	invelop	Jud	ge

TO HÖSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65



FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1. and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

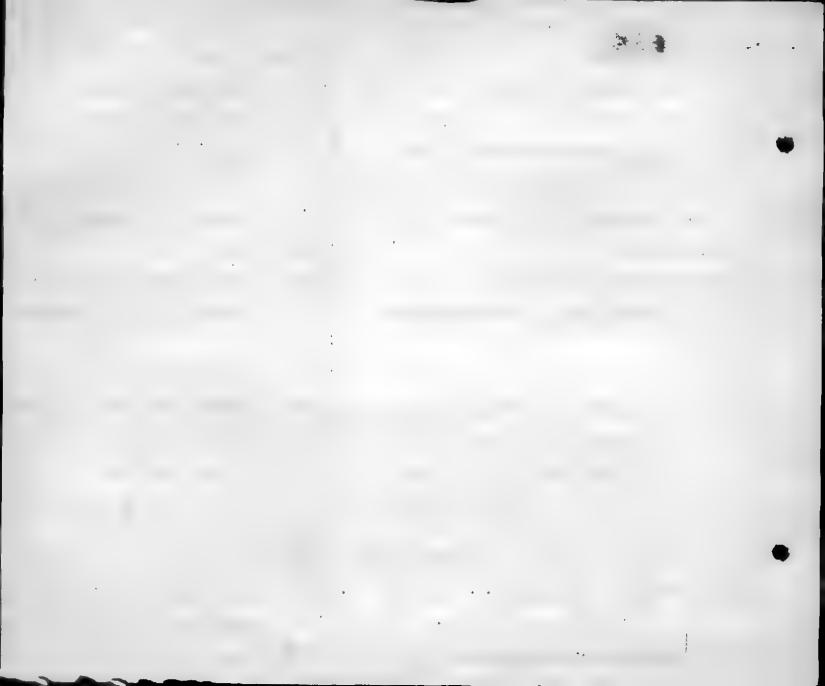
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 mith the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL

TOORS	- rywmiath	O CERTIFICATE	OF DEATH		1.31	
1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived, If	institution: Reside	nce before as	dmissio r
The A state of		a, STATE	b. COUN			
Prince George's	MARYLAND	Maryland		nce Geor		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn)	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside	ceorparèle limits, write	RURAL end give	neerest town	n}
Cheverly	DOA	Oxon Hill				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street eddress)	d. STREET ADDRESS			e. IS RE	SIDENC
R Prince George General	Hospital	12 Pate Drive	S. E.		YES T	NO 🔀
3. NAME OF First DECEASED	Middle	Last 4, D.R OF		Day	Year	
(Type or print)	race Hu		ATH 12	2	7 19	65
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARKED [7] 8	. DATE OF BIRTH	9. AGE (In yeers			
Male White WIDOWED		19 Jan. 1900	last birthday)	Maniha Days	Hours	Min.
		LY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN	OF WHAT C	OUNTRY
	S. Gov't.	Maryland				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		4		
Nathaniel T. Hunge	rford	7 Mi	stretta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S([Yas, na, or unknown] } (Hyesgive warardetes af service)		NFORMANT Wife	Address			
no	Vi	ola T. Hungerfor	d Same as	Item #2		
18. CAUSE OF DEATH Enter anly one sause per line				- 11	TERVAL BETY	WEEN
PART I. DEATH WAS CAUSED BY				Ö	NSET AND D	EATH
IMMEDIATE CAUSE (a) Heart	failure			1	hour	
4200 DUE TO						
Conditions, if any, which \ (b) Artar	iosclerotic h	eart disease		11	nknown	,
geve rise to Immediate cause		CHI (I HI SURE			LIMITANI	-
(e), stering the underlying						
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(e)	PERFOR	RMED?
S COLUMN CALLES MALE A COLUMN COLUMN COLUMN CALLES MALE C					YES 1	NO [3]
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	E HOW INJURY OCCURRED.	(Enler neture of injury in Part I or I	'erf II of Item 18.)			
ZOc. TIME OF INJURY Manih, Dey, Yeer 20d. IN While b.m. 19 at wark		CE OF INJURY (Home, ferm, ; 20f.	(City or tawn)	(Caunty)	(State)
Haur e.m. While		ory, street, affice bldg., atc.)				
21. I certify that I took charge of the remai	Δ		ion 🔀 Inquir		in my op	pinion
death resulted from: Natural causes 🔀	Accident/ // Suic	ide	Undetermined m	anner 📗		
		CHIEF MEDICAL EXAMINE	R 🔛			
ACTUAL SIGNATURE	ety	M.D. ASSISTANT MEDICAL EXA	AMINER [:	DATE SIGI	NED
EXAMINER'S		DEPUTY MEDICAL EXAMIN	NER 🔀			
NAME (Type) John Kehoe M.D.	Riverdale, Mo	Address (Street, city, town	or county)	12-2	8-65	
228. BURIAL, CREMATION, 276. DATE THEREOF REMOVAL (Specify)	Riverdale, Mo	CREMATORY 22d. LO	CATION (City, town,		(Slate)
Birial Dec 30-1965	St. Barnabas			arvland		
23 FLINIWAL DIDECTOR	ADDRESS		GISTRAR 24b. REG	4	Tibe	
C/Mmmonco 14		III []	1965 / Chi		tge_	
Simmons Bros1661-Good Hope	Rd SE Wash	DC DATE	1000	The state of	1	



15M 4-64



HE ally METICAL EXAMINES This certificate sllouid be executed within 24 hours after death. If TO DEPUTY

OD OTATE		16851
OR STATE	_	
ALTH DEPT.	-1.	PLACE OF DEATH •. COUNTY
Pag Se. 3.		Prin
F E S ** /		b. CITY OR TOWN (if write RURAL and
rectol your your	_	Chever
e funeral dire		d. NAME OF HOSPIT
funera ained State after		Prince Geo
Star Star	3.	NAME OF DECEASED
the our		(Type or print)
and 3 to the finance and 3 to the finance and 3 to the 5 thin 72 hours and 5 thin 72 hours	5.	SEX
and in	Ţ	emale .
2 6 P	104	. USUAL OCCUPATION
- 71 " - 7	do	ne during most of wor
e e	13.	FATHER'S NAME
18. Give Pages form PM3. Par nit. File pages 1 d in any event		1/
Give	15	WAS DECEASED VE
% 5 ÷ ÷ ±	(Ye	WAS DECEASED EVE a, no, or unknown) (If
with permi		
		18. CAUSE OF DI
ancil in a along transit		PART I. DEATH
2 U 40 .		1 1 1
日本日の		Conditions, if any,
in on a series		gave rise to immedia
nding" i iner's O d as a bu mation,		(e), stelling the un cause lest,
he word "pendi Medical Examine hould be used a to burial, crema	z	PART II, OTHER
P B B B	6	
word dical B	Š	20m FYTERNAL CAL
A Section	CERTIFICATION	20s. EXTERNAL CAPRIMARY ☐ or CONCAUSE OF DEATH.
rior 3		20c. TIME OF INJUR
Chief Chief	MEDICAL	Hour e.m.
the Carry	¥	p.m.
ifficate of to t		21. I certify the
arded RECT gnate		death resulted fr
Mar War IRB Sign		
ase execute the certificate, writing the wor hould be forwarded to the Chief Medical TUNERAL DIRECTOR: Page 3 should be lith or its designated agent, prior to buring		ACTUAL SIGNATURE
BAL Cits		EXAMINER'S
please execute to should be for printed by the printed by the printed by the printed by the plant of the plan		NAME (Type)
Sesson Sesson	226	BURIAL, CREMATION
please 4 should TO PUN		REMOVAL (Specify)
g-1	23	FUNERAL DIRECTOR
VR AISME	万	lesiry A.T.
5M 1/63	1	V1007 1.3.11

BURIAL, CREMATION, 228. DATE THEREOF

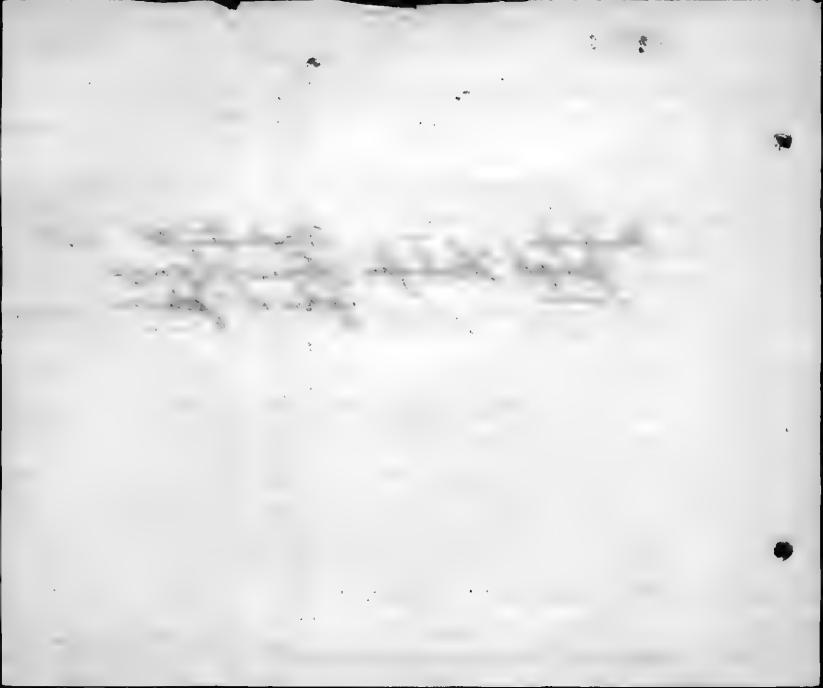
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) b. COUNTY b. CI d, N

Prince George's	MARYLAND	Maryland	Prince Geor	ge 's
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	4. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside (eorporate limits, write RURAL end	give neerest town)
Cheverly	DOA	Fairmont Height	ts	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Prince George General Hos		5802 Sheriff Roa	ad	YES NO X
NAME OF First	Middle	Last 4. DAT	Month	Day Year
(Type or oriet)	OUISE JACKS	ON DEA	TH 12	1 19 65
SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Female Negro WIDOWED		26 June 1940	last birthday) Months 1	Days Hours Min.
. USUAL OCCUPATION (Give kind of work 10b. Kill	D OF BUSINESS OR INDUSTRY		~ /	ZEN OF WHAT COUNTRY?
ne during most of working life, evan it retired)	1-	Washind	in De	USA
FATHER'S NAME USERN W	nehination :	14. MOTHERS MAIDEN NAME	Springer	,
WAS DECEASED EVER IN U.S. ARMED FORCES! 16. 5	OCIAL SECURITY NO. 17.	NTORMANT!	Address	
e, no, or unkowe (lifyesgivewerordetesafservice)		111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	11. 1.	,
		tonn H	100 m	
18. CRUSE OF DEATH Enter only one sause per li	se for (a), (b), and (c).	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		6	/	ONSET AND DEATH
IMMEDIATE CAUSE (*) _ACUT	e burniouara en	end		minutes
DUE TO				
Conditions, if any, which (b) From	<u>metastatic car</u>	cinoma of brain a	and lungs	unknown
gave rise to immediate cause DUE TO				
(e), stelling the underlying but to	Hypernephroma	loft kidnor		
PART II, OTHER SIGNIFICANT CONDITIONS CONT			CC COMBITION OR THE BLOCK	lunknown
PART II, OTHER SIGNIFICANT CONDITIONS CON-	KIBOTING TO DEATH BUT NO	I KELATED TO THE TERMINAL DISEA	25 CONDITION GIVEN IN PART	PERFORMED?
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH,	BE HOW INJURY OCCURRED.	Enter neture of injury in Pert I or Pe	t II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer 20d. II Hour e.m. While et work	Not While fector	CE OF INJURY (Home, ferm, 20f. (City or lown] (Coun	nty) (Stele)
21. I certify that I took charge of the rema	ins described above, hel	d an Autopsy 🔀 Inspection	on X, Inquiry X,	and in my opinion
death resulted from. Natural causes X	/Accident D. Suici		Undetermined manner	
1 // To		CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE	elos	ASSISTANT MEDICAL EXAM	<u> </u>	DATE SIGNED
1		DEPUTY MEDICAL EXAMINE	ER 📆	
NAME (Type) John Kehoe, M.D.	Riverdale, M	Address (Street, city, fown,	or county)	12-2-65

22c. NAME OF CEMETERY OR CREMATORY

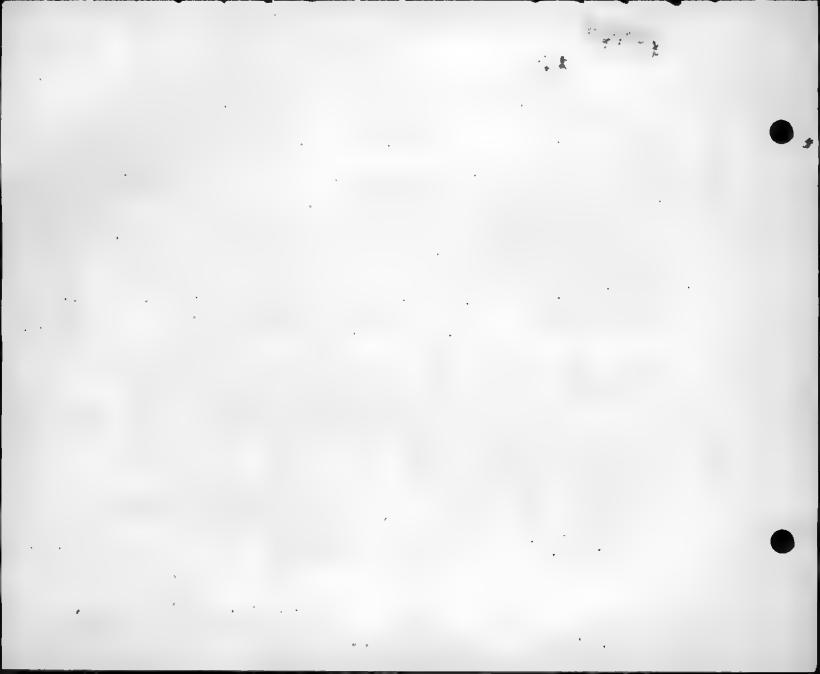
1965

(Stete)



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# E -	18853 CERTIFICATE OF DEATH
death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissi 8. COUNTY 9. STATE 9. COUNTY
	a. SIMIE. D. COOKLI
y the	Prince Georges MARYLAND Maryland Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
10 B. 20/20 1	write RURAL and give nearest town)
hours hours and in by	Cheverly m 2 hrs 10 m X Hillside
Z sed	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM
vithin 24 hours	Prince Georges General Hospital 1525 59th Ave. YES NO
scuted within completely in event, within	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
≥ 설절부	(Type or print) Baby Boy Kavadias DEATH Dec. 21 19 65
ted con	5. SEX 1.6 COLOR OF RACE 17 MARGINET 17 MARGINET 18 DATE OF RIPTH 19 ACF (In years 15 INDER 14 FAR ITS INDER 24 F
executed within and completely region carbon fan event, with	Male White WIDOWED DIVORCED 21 Dec., 1965 yrs. Wax 2 10
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
certificate be nding physician . Then please removal, and the	during most of working life, even if retired) INDUSTRY
1 2 S	Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ta a sa	The monter of mander thank
e High et	William Kerry Javadeas Ifigenia Rousdon
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give was or dates of service)]
te te c	
aw requires that the death certificate trending physician. Insteading physician has been signed by the attending physics the burial-transit permit. Then ple prior to burial, cremation, or removal, a	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1/)
em sil	7 ONSET AND DEAT
tra district	IMMEDIATE CAUSE (a) Velesco Leve Mucasures Curan to held
aw requires that the tending physician, has been signed base the burial-tran prior to burial, cre	DUE TO CITY LITTLE OF THE PROPERTY OF THE PROP
phy phy n si bur bur	gave rise to immediate (b) (b) (b)
required to the property of the property or to be	cause (a), stating the DUE TO
A radend	underlying cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (19. WAS AUTOP.
CIAN: The lospital or a certificate lied for use t. of Health	To motorial concult where. YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (19. WAS AUTOPED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSI he h this etacl	
프로 후 등 를	Hour a.m. While Not While Tactory, street, office bidg., etc.)
NG by the particular be per per per per per per per per per pe	
ATTENDI retained CTOR: A should vith the	21. I certify that (I) (this hospital) attended the deceased from Dec. 21 19 65to Dec. 21, 19 65, that (I) (we) I
retained rectors. A 3 should with the	saw the deceased alive on
A	22a. SIGNATURE 22b. DATE SIGNED
AL OR DIRE	M.D. ATTENDING X MED. STAFF 12/21/65
TAI BE	22c. PHYSICIAN'S 22d. ADDRESS
S 4 E S 5	NAME (Type) Harry Earle Altman, M.D. 2025 Eye St. N.W. Washington 7, D.C.
Page 4 may O FUNERAL D director, pag should be file	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5g, 5g.	10/10 /de 10/10 /de 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10
2	24. FUNDAN DIRECTOR ADDRESS SON REGISTRARY 250. PREGISTRARY 250. PREGISTRARY 250. PREGISTRARY 250.
VR A15 (4)	Offen attern 6 1965 11 maries judge
15M 4-64	DATE NO 1000
C)	Harry W. Penn, Jr., Administrator

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-pm 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a yeven, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	16854	CERTIFICATI	E OF DEATH	1336
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	PRINCE GI	EORGE'S MARYLAND	a. STATE VIRGINIA FAIRFA	x
	b. CITY OR TOWN (write RURAL an	(if outside corporate limits, c. LENGTH OF STAY IN 1b d give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA)	
_	ANDREWS A	AIR FORCE BASE 45 DAYS	ALEXANDRIA 23X	
		TAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
l_		ORCE HOSPITAL	632 NORTH RIPLEY ST	YES NOXY
3.	DECEASED	First Middle	Last 4. DATE Month	Day Year
	(Type or print) SEX 6.		KELLER DEATH DECEMBER	3 1965
5.		AL TOMORTED MEASURE MANUELED	8. DATE DF BIRTH 9. AGE (in years if UNDER last birthday) Months	Days Hours Min.
- 10	FEMALE		11 APRIL 1896 69 yrs.	
du	ring most of working	N (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR	C	OUNTRY?
12	Housewife	e V Nurse Retirel.	DI MINITO COUNTI MD	USA
13		LARENCE THOMPSON	14. MOTHER'S MAIDEN NAME	
			MARY AGNES WIBLE	44
Ŕ	es, pq. or unifown) (11	f yes give war or dates of service)	INFORMANT Address	M. Alo
	MP	101/200-01/	AUGHTER SAME AS ITE	
		ATH [Enter only one cause per line for (a), (b), and (c).] 'H WAS CAUSED BY:		ONSET AND DEATH
	FART I. DEAT	H WAS CAUSED BY: Shack		24 hours
	2810	DUE TO 72/	1-2001 110-1-0	48 bours
	Conditions, if any gave rise to im	nmediate (b) 131eeding es	ophogeal varices	78 00015
	cause (a), stati	ing the DUE TO	f liver	UPOIS
l z	underlying cause i	NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		119. WAS AUTDPSY
CERTIFICATION	The state of the s	None	TED TO THE PERMITTED POLICE CONTROL OF THE PRINT AND	PERFORMED?
E	2Da. ACCIDENT WA	AS TINDERLYING () 1 20b. DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of Injury in Part I or Part II of Item 1	
	OR CONTRIBUTING (IF EITHER, NOTIF	CAUSE OF DEATH Y MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
	p.m.	19 While Not While 19 at work	7,704,004,004,004,004,004,004,004,004,00	
	21. I certify t	that (I) (this hospital) attended the deceased from 🥥	et 20, 1965 to Dec 4, 196	, that (1) (we) last
	saw the decea	ased alive on Occ 4 1965, and that	t death occurred at 7.00M, from the causes and on	
	22a. SIGNATURE	1. 1801.1	ATTENDING MED. STAFF 22b. 1918. DIRECTOR PHYS. 44	DATE SIGNED
П	22c. PHYSICIAN'S	M.D.	DIRECTOR PHYS. 72	1165
	CHARLES		USAF HOSP ANDREWS WASH	DC 20331
23	a. BURIAL, CREMAT	IDN, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
	REMOVAL (Specif	1 ACU 1, 1715 APINGT	ton Notil Arling	
24	FUNERAL DIRECT	OR ADDRESS 14 4	25a. REC'D BY REGISTRAR 25b. HEGISTRAN	's sloware
	W. W. UM	DMD 000 31/2/1 W23	W AC DEC 6 1965 Accepted	100



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
15855	CERTIFICATE OF DEATH	10000

	OEI([II IOA]	E OI DENIII	- is (1) (
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased	lived, If institution: Residence before admission) b. COUNTY
Prince George's	MARYLAND	Maryland	Prince George's
b. CITY OR TOWN (If outside corpor write RURAL and give nearest to	rate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporat	e limits, write RURAL end give nearest town)
Cheverly	27 days	Seat Pleasant	
d. NAME OF HOSPITAL OR INSTITUT	ION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Prince George's		901 67th Avenue	YES NO K
DECEASED	First Middle	Last 4. OATE OF	Month Day Year
(Type or print) Ky 5. SEX , 6. COLOR DR RACI	redeio	Kelliebrew DEATH 8. OATE OF BIRTH 19. AGE	December 14 19 65 (In years FUNDER 1 YEAR FUNDER 24 HRS.
Male Negro	1. WHULLED HEACK WHUKIED	Sept. 22, 1965	birthday) Months Cays Hours Min.
10a. USUAL OCCUPATION (Give kind of wor	rkdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or for	yrs. 2 22 heigh country) 12, CITIZEN OF WHAT
during most of working life, even if retin	red) INDUSTRY	Prince George's, Ma	ryland U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIOEN NAME	1914114 0.5.11.
Terry R. Ingraha	m	Mary Kelliebrew	
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 1 16, SOCIAL SECURITY NO. 17.	INFORMANT	Address
(Yes, no, or unkown) (If yes give war or date	M	ney Kellichery 5	sees of 2.D
18. CAUSE OF DEATH [Enter only of	one cause per line for (a), (b), and (c).1	711111111111111111111111111111111111111	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED E	BY: Malnutrition and	dehydration, severe	ONSET AND DEATH
フラチュ	IE TO		
Conditions, if any, which	(b) Cause unknown		
gave rise to Immediate (JE TO		
underlying cause last.	(c)		
PARTII. OTHER SIGNIFICANT CONOIT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DECLINED CONTRIBUTION CONTRIBUTING CAUSE OF DECLINED CAUSE	TIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
20a, ACCIDENT WAS UNDERLYING	20b. OESCRIBE HOW INJURY OCC	URREO. (Enter nature of Injury in Part I	or Part II of Item 18.)
	(INER)		
20c. TIME OF INJURY Month, Day Hour a.m. p.m. 1	Sont:	ACE OF INJURY (Home, farm, 20f. (City ory, street, office bidg., etc.)	or town) (County) (State)
Hour a.m. 1	White Not wille	sijjed eed omeendel eed)	
21. I certify that /1/(this ho	spital) attended the deceased from_1	lov. 17 , 1965 , to De	c. 14 , 19 65, that (I) (we) last
	Dec. 14 19 65, and tha		ne causes and on the date stated above.
22a. SIGNATURE	100-1	ATTENDING MEO. S	TAFF 22b. DATE SIGNED
22c. PHYSICIAN'S	to Thronder la M.	O. PHYS. OIRECTOR P	HYS. (X) /2//5/65
NAME (Type) Thomas	A. Christensen, M.D.	6905 Baltimore Av	re. College Park, Md.
23a. JURIAL, CREMATION, 23b. DATE	E THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATI	QN (Qity, town or county) (State)
REMOVAL (Specify) 12-12	8-65 Harmony	Men. High	land KS. Md
24, FUNERAL DIRECTOR	AOORESS	25a. REC'O BY REGISTRAL	
45. WashmyIm	An 4925 Wellen Ul	DEC 21 1965	foliones Jua .

(2 2 2 3 mil 19 2 2 D

in the many series of the series

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw negalizes that life death cartificate be executed within 24 lious after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleases move carbon papers. Pages 1 and a should be distant the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

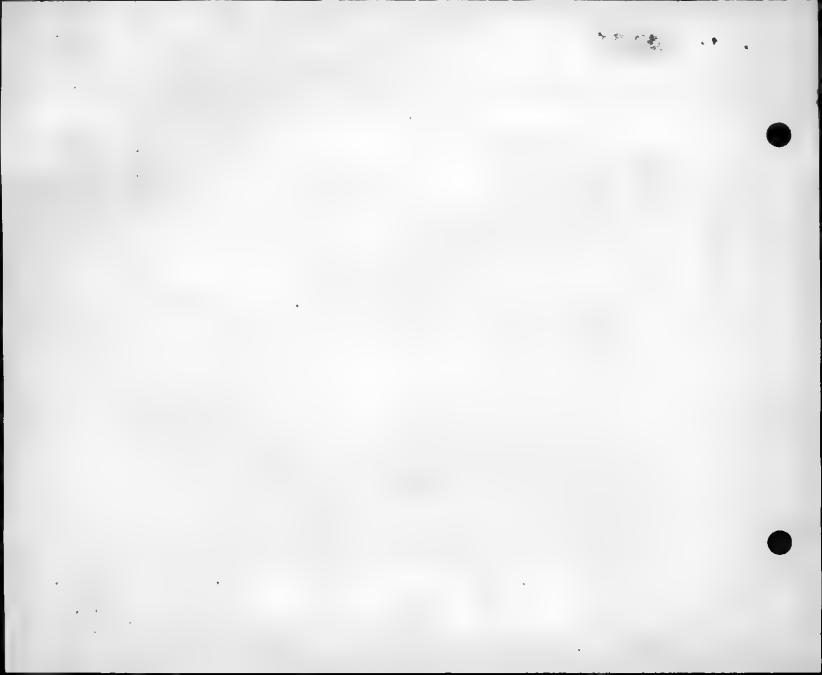
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
16856	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	11238

}	20000	OLICITION	IL OI DEATH		11600			
1.	PLACE OF DEATH 8. COUNTY				titution: Residence before admission)			
	Prince George's	MARYLAND	a. STATE b. COUNTY Prince George's					
	b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town)							
	Cheverly	6 days	X Fairmo	nt Heights				
	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?,			
_	Prince George's Ger			. Street N.E.	YES NO NO			
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month				
	(Type or print) Rosie	Franklin	Kirkland	DEATH Decemb				
5.	SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
		IDOWED N DIVORCED	Jan. 25 1877	88 yrs.				
10 du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
<u> </u> _,	Nuzse	Privat			11.5.14			
13	B. FATHER'S NAME UNION		14. MOTHER'S MAIDE					
	Unkno	WII	A.	lice Lewis				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unkown) (f yes give war or dates of servi	? 16. SOCIAL SECURITY NO. 17	7. INFORMANT	Addres	SS			
Ĺ	No None		Josephine 1	Blake 5341 H	Hunt Pl., N.E.			
	18. CAUSE OF DEATH [Enter only one cause	ise per line for (a), (b), and (c).]	/	7	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4	anute Pulm	mary 2 de	MAG	ONSEI AND DEATH			
	470 DUE TO	1.	011		7			
1	Conditions, if any, which) (b)	Myorardia	X mpul	Mon al	luli ·			
	gave rise to immediate							
	underlying cause last. (c) While complete Mean derivage							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?			
12					YES NO			
E	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury In Part I or Part II o	f Item 18.)			
18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
통	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)			
MEDICAL	Hour a.m.	While Not While at work	ctory, street, office bldg., etc	2-1				
2	21. I certify that (I) (this hospital)		Dec 11 10	65 to Dec 17	, 19.65 , that (1) (we) last			
L	saw the deceased alive on Dec.	17 1965 and the			and on the date stated above.			
1	22a. SIGNATURE	, and the	net destil occorred at-	Sim, from the eddees	22b. DATE SIGNED			
	M.D. ATTENDING MED. STAFF XX Dec. 17, 1965							
	22c. PHYSICIAN'S 22d. ADDRESS							
	NAME (Type) Don B. Cam	eron, M.D.	3503 Pem	ry St., Mt. Ka	Inter, nu.			
23	a. BURIAD, CREMATION, 23b. DATE THER	EOF 23c. MAME OF CEMETE	ERY OR CREMATORY	230 LOCATION (City, to	own or county) (State)			
	REMOVAL (Specify) 12-21-6	5 Timaln	Mem.	Suttang	Rd mo			
2	4., FUNERAL DIRECTOR /	ADDRESS	24 \$ 25a. REC'		EGISTRAR'S SIGNATURE			
1/	45. Washingth 400ms 49	925 Deane One.	DAREC	2 3 1965 4	varles Judge			
V	<u> </u>		[VALUE	40 100				



15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
CERTIFICATE OF DEATH							
1. PLACE OF DEATH a. GOUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss	ion)						
Tringe (Newsel MARYLAND)							
b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to	wn)						
write RURAL and give, nearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDER ON A FARM							
DOA Prince Change Hacketal 1253 Lender Change VES NO	Special Property and Property a						
3. NAME OF First Middle Last 4. DATE Month Day Year	==						
(Type or print) JAMES ARTHUR KOOKS DEATH 12 2D 196	5						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24							
WIDOWED DIVORCED Cur. 16 190 2 G 3 yrs. Months Days Hours N	/iln.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR US 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
1/2	1						
13. FAPHER'S NAME 13. FAPHER'S NAME 14. MOSHER'S MAIDEN NAME	7-						
James alfred Kaans Lilly May Ameth							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, way or unknown) ((If yes plue war or dates of service)							
Emily M. Come les huture he	L						
I 18 CANCE OF DEATH FENTER only one cause per line for (a) (b) and (c) I	EN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (070 22 27 7 122 00 315	18 1 -						
4201 DUE TO							
conditions, if any, which is (650 mary AThern 50 ero SIS 10 yrs							
gave rise to immediate cause (a), stating the DUE TO							
underlying cause last. (c) C-EM: ATTENIOSCIONOSIS /O Vinc							
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED							
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CHARGE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20a. ACCIDENT WAS UNDERLYING Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	e)						
P.m. 19 at work at work							
21. I certify that (I) (this hospital) aftended the deceased from 3/30, 1939, to 12/20, 1965, that (I) (we)	last						
saw the deceased alive on 12/20 1965, and that death occurred at M, from the causes and on the date stated about	ove.						
22a. SIGNATURE 22b. DATE SIGNED							
M.D. PHYS. DIRECTOR PHYS.							
22c. Pyvsician's (NAME (Type) 22d. Address							
232. BURIAL, CREMATION, 23b. DATE THEREOF 1,23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CHy, town or county) (State)	=						
(REMOVAL (Specify)							
24. FUNERAL DIRECTOR ADDRESS 1.25a. REGISTRAR 25b.							
NeWith Rangedon Ramol M DEC 27 1965 Mil and Judge							
The to the state of the total o	_						



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
_,	18859 CERTIFICAT	E OF DEATH					
1.	PLACE OF BEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
	DRINCE GEORGES MARYLAND	a. STATE Maryland b. COUNTY Prince Georges					
	b. CITY DR TDWN (if outside corporate limits. 1 c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	write RURAL and give nearest town) 3 months	X. Takoma Park					
厂	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	A. STREET ADDRESS 8. IS RESIDENCE DN A FARM?					
	6817 Prince Georges Ave., Jakona Park	6817 Prince George Ave. YES NO M					
3.	NAME OF First Middle DECEASED / / /	AMBERT DEATH December 11 1965					
-		8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR) IF UNDER 24 HRS.					
	7. MARKIED NEVER MARKIED	last birthday) Mantha I Dave House I Min					
	demale (Caucasian WIDOWED) DIVORCED	Jan., 8, 1987 78 yrs.					
du:	2. USUAL DCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
12	Housewite Home	Scotland ISA					
13							
	William Gandan WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Normant Codd					
ίΫ́	es, no, or unkown) (If yes give war or dates of service)	681/ Pr. Georges Hue.					
		Miss Margaret Lambert. Jakoma Park, "Md.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spendle Co	Cl Carcellona y Myrock 455 mos					
	194X DUE TO						
	Conditions, if any, which (b)						
	gave rise to immediate (cause (a), stating the DUE TO						
_	underlying cause last. (c)						
ě	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?					
CERTIFICATION	none	YES ND 🔀					
IË	20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Noul						
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)					
MEDICAL	Hour a.m. While Not While p.m. at work at work	to find the					
-	21. I certify that (I) (this hospital) attended the deceased from_s	Oc-12th, 1965, to 150 11, 1965, that (1) tree-last					
Н	saw the deceased alive on DEC 4, 1965, and the	at death occurred at AM, from the causes and on the date stated above.					
22a. SIGNATURE 22b. DAJE SIGNA							
		D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/1/65					
	NAME (Type) Leo J. Schildhous, M. D.	6101 NEW HAMPSHIRE AVENE Wash DC					
23	a. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
0	remotige Dec. 15, 1965 Mt. Hone Com	etery Cook County Illinois					
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. / REGISTRAR'S SIGNATURE					
. :	warner E. Pumphrey, Inc. Silver Sprin	a Avenue geliarles Judge					
-	The state of the s						

VR AI5 (4) 20M 1/65



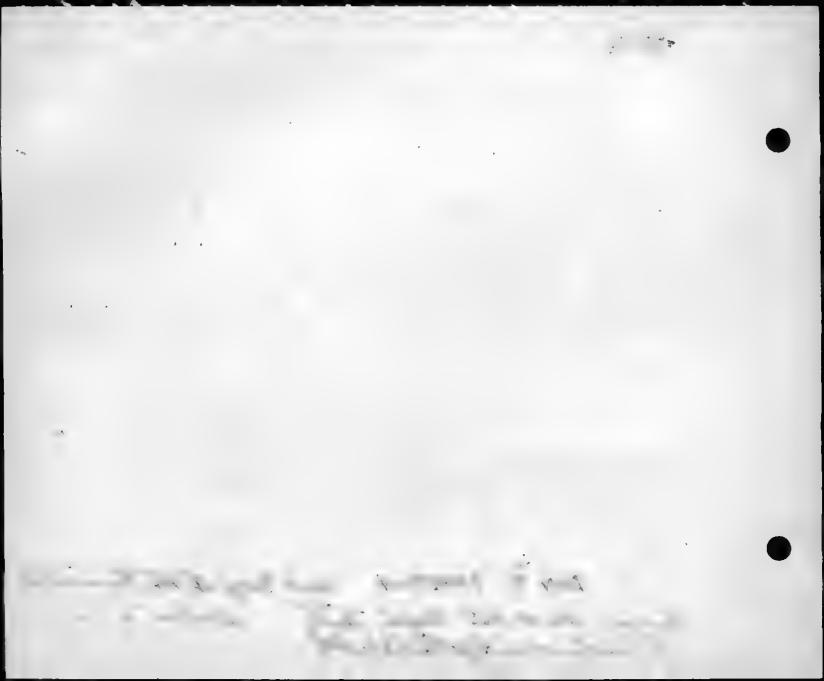
hours after death. the hospital or attending plysician.

this certificate has been signed by the attending physician and completely filled in letached for use as the burial-transit permit. Then please remove carbon papers. E bept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou THE HOSE TRAE DITAINERING PHYSICIAN, THE lam requires that the death curtificate be Page 4 may be retained by the hospital or attending physician. director, p should be 1 2

npletely filled in by the funeral carbon papers. Pages 1 and 2 ent, within 72 hours after atth : After this certify old be detached for he State Dept. of H FUNERAL DIRECTOR: Af director, page 3 should be should be filed with the S page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND t6860 CERTIFICATE OF DEATH PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Prince George's Prince George's MARYLAND CITY OR TOWN (if outside corporate ||Imits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b W. Hvattsville 37 days Cheverly d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Prince George's General Hospital 3607 Jefferson Street YES NO P 3. NAME OF First Last DATE Year DECEASED 20 1965 Lanier December (Type or print) Frank DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED XX NEVER MARRIED last birthday) Months Days Hours 9-12-02 63 White Male WIDOWED DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY linotype IJ Davidson Co N. C. Printer 13. FATHER'S NAME MOTHER'S MAIDEN NAME Umey Lanier Palie Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND. (Yes, no. or unkown) | (If yes nive war or dates of service) dospital records Cheverly. 579 07 3047 no 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PERFORMED? YES TE ND T 20a. ACCIDENT WAS UNDERLYING DEATH OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While

at work at work 21. I certify that (I) (this hospital) attended the deceased from 13 . 1965, to a 1960 that (1) (we) last and that death occurred at 2:15 m from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED MED. A STAFF ATTENDING PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION. MAME CEMETERY OR GREMATORY BEGISTRAR'S SIGNATURE REC'D BY REGISTRAR



FOR STATE HEALTH DEPT

per DEPLIX MEDICAL ELAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS Pages, may be retained for your files.

**TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

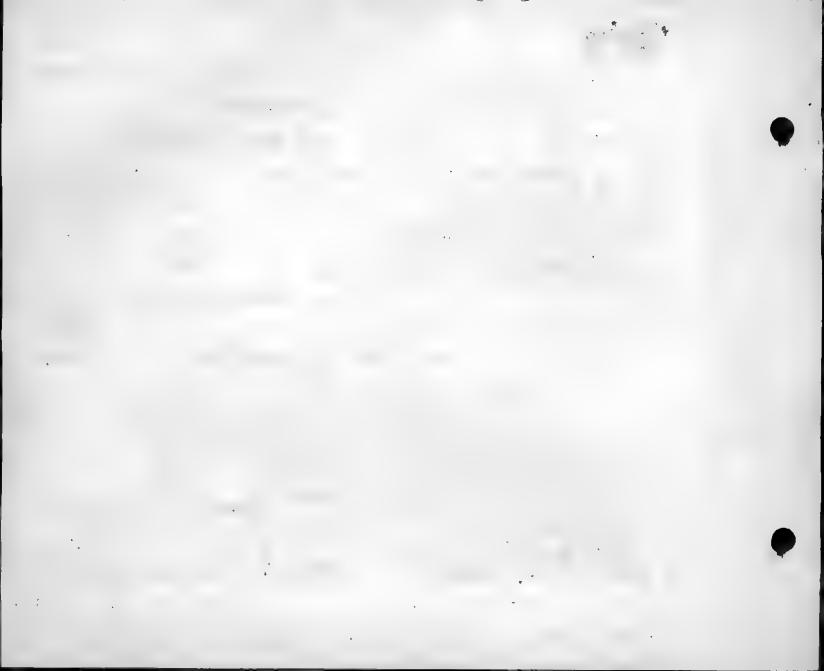
VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS,

	1688	b1	WEDI	CAL EXAMINER	2 CEKIIFICA	TIE OF DE	AIH		104	}
1.	PLACE OF I	DEATH			2. USUAL RESIDE	NCE (Where decesse	d leved, If insti	itutloni Reside	nce before	ed mission
Н		C		MARYLAND	e, STATE	3	P. COUNTY	ca Can	man ta	
-	b. CITY OR TO	rince George	rge 'S	E. LENGTH OF STAY IN 16	Maryland	 (If outside eorporate		nce Geo		
П	write RUR	AL and give neerast t	lown)	E. CONGIN OF STAT IN ID	V E. CITT OK TOWN	In ofizide solbores	ilmiis, write AG	ACAL and give	nearest to	wnj
_	Sui	tland		la hours	Brandyw:	ine				
	d. NAME OF	HOSPITAL OR INSTIT	UTION (if not i	in hospitel, giva street address)	d. STREET ADDRES.	S				ESIDENCI
	à 2	4 * 75	D	7 . 7 1 - 7	D+3 Dans	d 10				A FARM?
13	NAME OF	Air Force	Base F	10SDITAI Middle	Rtl Box	14. DATE	Month	Day		·
1	DECEASED		7 77 49	Middle	Perai	OF	Month	Dej	1 42	iř
	(Type or print)	Arc		Frances I	eake	DEATH	12	2	19	65
5.	SEX	6. COLOR C	OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGI	(In years (IF)			R 24 HRS.
T _I	emale	Whit	5.44PB	OWED DIVORCED	12-9-1937	lessi OZI	birthday) Mo	onths Deys	Hours	Mîn.
		CUPATION (Give him	C .	Ob. KIND OF BUSINESS OR INDUST		a or foreign equipment		12. CITIZEN	DEWHAT	COUNTRY
19	one during most	of working life, ever	n H retired)	4/		o or rolling it dogs in / /				COOMIN
_	/\	10436		NUT ING.		(88		0,3	14	
13	. FATHER'S NA			to it is	14. MOTHER'S MAIDE	NAME	1	,		
	49	Vid El	MOYE	MINEY	Leithz	Leo,	ACOM	and		
		SED EVER IN U.S. AR			INFORMANT		Address			
Lo	as, no, or unkor	wn] [Hyesgivewaror	delesofservice)	UNKNOWN	HUSBAND	0	DML .	a. 4	9	
	1 18 CALISE	OF DESTRIENT	AT.	per line for (a), (b), and (c).)	110308WW		ONE		7700441 87	STATE OF THE PARTY OF
L		DEATH WAS CALLS	ED BY.						INTERVAL BETWEEN ONSET AND DEATH	
П		IMMEDIATE CA	AUSE (a) Sh	ock						
		ź	DUE TO Fro	m bilateral pneu	mothorax					
П	Conditions, if eny, which \ (b) and laceration of liver									
П	never des la lame dista servica									
П	(a), staling the undarlying but to And retroperitoneal hemorrhage									
L	enuse lest.		(c)							
Ιĝ	PART II.	OTHER SIGNIFICANT	COMPITIONS	CONTRIBUTING TO DEATH BUT N	OT KELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN	IN PART 1(e)		AUTOPSY DRMED?
Ιă									YES 😾	NO 1
ΙĚ	20a. EXTERN	IAL CAUSE WAS	20b. D	ESCRIBE HOW INJURY OCCURRED	(Enter nature of Injury in	Part I or Pert II of Item	18.)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 YOU 20b. EXTERNAL CAUSE WAS PRIMARY OF or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Port II of Item 18.) Driver, thrown out of car, which ran off road and over							- 3			
	20c. TIME O		1 0 1 1		OI Car, Which	n ran oii	road a		rturn	
MEDICAL	Hour				tory, street, office bldg., at	rm, 20f. (City or le	Md.	(County)		(State)
\	1:30pm	р.т. 12-2-	1965	work at work work Ced	arville Road	. 3 miles	off Rt	. 301.	Bran	dy-
П	21. I certi	ify that I took cl	harge of the	remains described above, h	eld an Autopsy X	Inspection 3	Inquiry	x and	in my o	pinion
L	death resu	Ited from: Nat	tural causes	Accident Ac. Suis	ide . Homicide	Undeter	nam benim	ier 🔲		
П		1						Ц		
П	ACTUAL CHIEF MEDICAL EXAMINER C									
П	SIGNATUR	E	un	1 Lever	M.D. ASSISTANT ME	DICAL EXAMINER			DATE SIG	NED
П	EXAMINE	John Kel	hao M	D Pirrandala M	DEPUTY MEDICA	AL EXAMINER 🛨		20	-3-65	
	NAME (Typ		hoe, M.	D. Riverdale, M	Address (arreer)	city, town, or county			-2-07	
228. BURIAL, CREMATION, 224. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cips. lown, or county) (State)										
	A UH	SILIV	17/65	Nevilles	Chapal	M+.	Vies	30N1	t. Tc	X.
2	, FUNERAL DI			ADDRESS	24a, RE	C'D BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	ÚRE	, ,
1	V.W.C	hombers	Co.	517-1141 ST	SE DEC	б 1965	Clia	nees you	das	
				Writing	A de la	0 1000			4	



20M 1/65

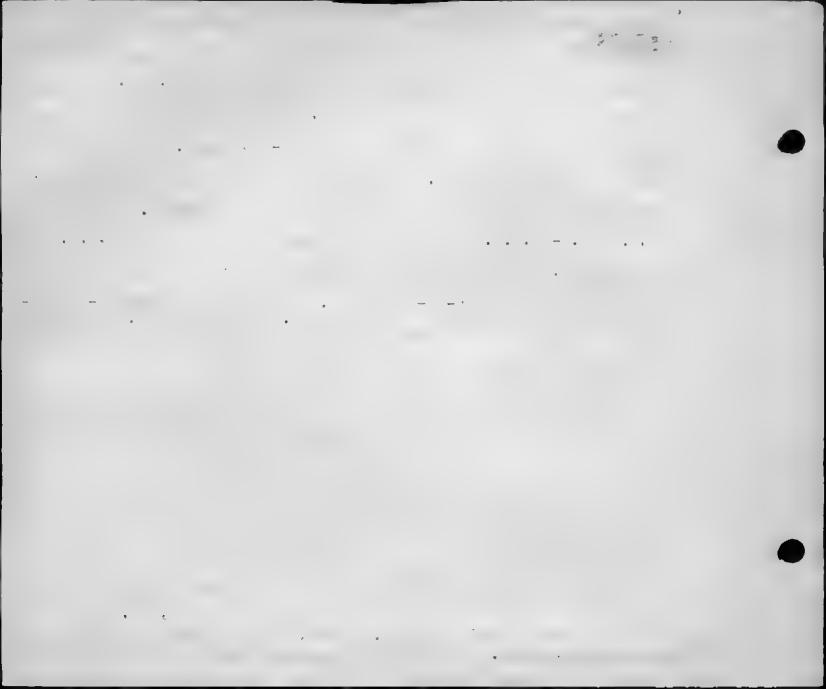


VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALT

MAKILAND SIATE DEPARIMENT OF REALIN
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

10003	CERTIFICATE	OI DEATH		
1. PLACE OF DEATH		2. USUAL RESIDENCE (WH	nere deceased lived, If institution:	Residence before admission)
a. COUNTY		e. STATE	b. COUNTY	
b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Maryland	Pr. Goo.	
write RURAL and give neerest town)	C. LENGTH OF STAT IN IS	c, CIT OR IOWN [It outsid	e corporate limits, write RURAL a	nd give nearest town)
- Huntley, 112	1	E. Riverda	le ´	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give streat eddress)	, d. STREET ADDRESS		. IS RESIDENCE
madison manon Nunsia	10 Maria			ON A FARM?
3. NAME OF First	Middle	5424 - 56t	h Ave	YES NO P
DECEASED	Widdle	/ 01	F	Day Year
(Type or print)	V.	LUSBY DI	EATH Dec.	31, 1965
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER	
Francis Whote WIDOWE	DIVORCED I	10/1/9,	lest birthday) Months	Days Hours Min.
	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta	to or fore on country 112. C	ITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
U.S.Govt G.P.O.	-	Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James M. Green		Margaret Go	rdon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN		Address	
(Yes, no, or unkown) (if yes give war or dates of service)	70 50 0700 3	Trans Domodalar	Companie to	0470
		Ars. Dorothy		
1B. CAUSE OF DEATH Enter only one cause per I PART I. DEATH WAS CAUSED BY:	5 /	7th Ave.Berwy	n Ats., Md.	ONSET AND DEATH
IMMEDIATE CAUSE (a) [zriollop	remond		7 dame.
49/X DUE TO				
Conditions, if any, which (b)				
gave rise to immediate cause				
(a), slating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	PERFORMED?
. 5				YES NO
	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I c	or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH Contribution Contributi				
ZOc. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200, PLAC	E OF INJURY (Home, farm, ; 20f.	. (City or town) (Co	ounty) (State)
ZOc. TIME OF INJURY Month, Day, Yeer 20d. Hour a.m. While D.m. 19 at wor		y, street, office bldg., etc.)		
₹ p.m. 19 ar wor	k et work		(3)	
21. I certify that (I) (this hospital) after	and the same of th	A 11 -		9.5.7, that (I) (we) last
saw the deceased alive on	19.6.5., and that c	death occurred at I. P.M.	from the causes and on	the date stated above.
22a. SIGNATURE		ATTENDING MED.	STAFF	22b. DATE / SIGNED
OVL Lund	M.D	DICHE LA DISPOSE		12/22/15
22c. PHYSICIAN'S		22d. ADDRESS	0 111	Harfrielle.
NAME (Typo) Hugh Take	1 m.1	7105 - R	ngge (Rel 14	and med
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF	P CREMATORY 123d	LOCATION (City, town or cou	nty) (State)
REMOVAL (Specify)			uitland, Md.	
		V		
24 FUNERAL DIRECTOR'S SIGNATURE NAL LOY		inie r 258. REC'D BY		SIGNATURE
Funeral Home Inc.	Maryland	10 EC 28	1965 Peliante	2 Jungs



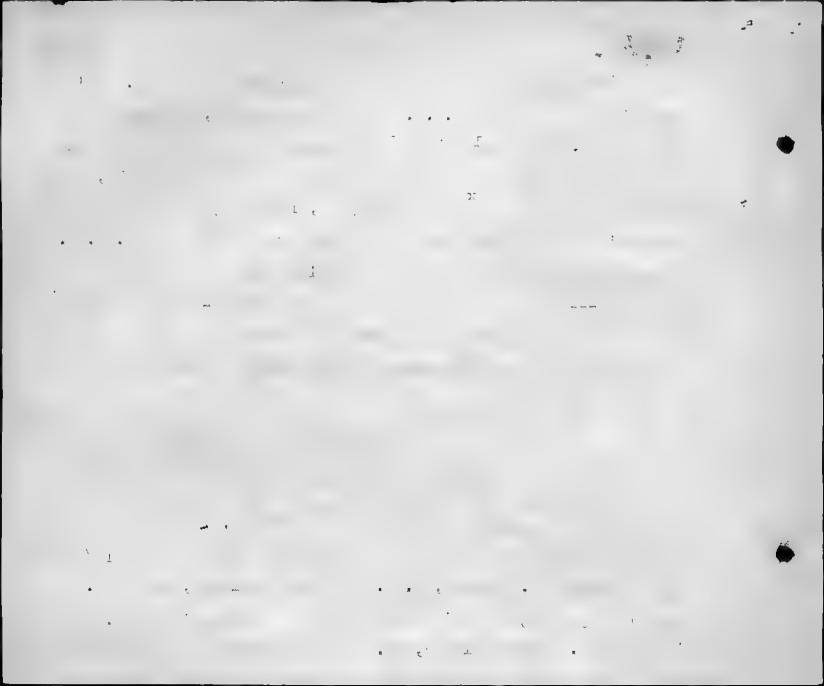
_	16864		CERTIFICA	E OF DEATH	il	
1.	PLACE OF DEATH					nstitution: Residence before admission)
		nce Georges	MARYLAND	e. STATE	vland b. COUNT	Pr. Geets
		outs de corporete lum ts.	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	RURAL end give nearest town)
-	Cheverly	AL OR INSTITUTION (if not in I	D.O.A.	V Upper M	arlbere, Mar	. IS RESIDENCE
		sorges Gener		Bex 173	9	ON A FARM? YES ▼ NO □
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
	(Type or print)	Maude	Parrine	Lusby	Death Decem	ber 12, 1965
5.	SEX	6 COLOR OR RACE 7. MAR	RIED 📆 NEVER MARRIED 🔲 👚	B DATE OF BIRTH		Months Deys Hours Min.
1	Femala	White wipor	WED DIVORCED	May 26, 18	89 76 yrs.	MOBILIS DEVS HOURS MILIT.
10 d	e. USUAL OCCUPATION one during most of work	ON (Give kind of work 10b. sing life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Cou	nty & State or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
_	Housewi FATHER'S NAME		Own Heme	Maryla:		U S. A.
	Tamas U	anny Danton		Leuisa		
	. WAS DECEASED EVE		6 SOCIAL SECURITY NO. 17		Address	
{Y	es, no, or unkown) (If)	resgivawer or detes of service)	₁₀	dward Henr	T. Lughen Same	e as Item #2
-		ATH Enter only one cause for		L L TIBILL	y Lusby-	INTERVAL BETWEEN
		WAS CAUSED BY:	much 14	ent fou	live	ONSET AND DEATH
L	, "	DUE TO	2 /24	1 . 0	10 10	4/47
ı	Conditions, if any,		Morroscler	tu Carde	olasc Hus	ease / (mos
L	geve rise to immedia (a), stating the un-	le ceuse	. 4	0 , 1 -	, ,, , , , , , , , , , , , , , , , , , ,	177
L	cause lest.	Gerrying (c)				
Z	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATION						YES NO
100	20e, ACCIDENT WA	S UNDERLY NG 206. C	ESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part For Part II of item 18)	**
CERT	(IF EITHER, NOTIFY					
CAI	20c. TIME OF INJUR			ACE OF INJURY (Home, far, ctory, street, office bldg., etc.		(County) (Stelle)
MEDI	p.m.		rork at work		1.	
	21. I certify th	at (I) (this hospital) after	ended the deceased from	1 Hear	1960, 10 /2/Lele	, 19(a., that (I) (we) last
	saw the decease	ed alive on	lec 19.65, and the	death occured at	SX, front the causes a	and on the date stated above.
	22a. SIGNATURE	2			MED STAFF	22b. DATE
	22c. MIYSICIAN'S) Janes		M.D. PHYS.	DIRECTOR PHYS.	12/12/65
	NAME (Type)	Rebert B. S.	asscer, M. D.	Upper	Marlbere. M	and-
1,	BURLAL CREMATIC	ON, 236 DATE THEREOF	1 23c. NAME OF CEMETERY		1 23d. LOCATION (C'ty, tow	
23	REMOVAL (Specify)	12/75/65	79 1 1	Cometery	Ferestvill	
24	BUP1AL	S SIGNATURE	ADDRESS			ISTRARIS SIQNATURE
	Ritchie B		Marlbere, Md.	dro		corles Judge
						/

TO HOSPITAL OR ATTENDING THYSICIEN: The law requires that the death certificate be executed thin 24 hours death. Page 4. It is not standard by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this merificate has been signed by the attending physician or completely filled in by the director, page 3 should be detached for use as the burial-transit mermit. Then measure completely filled in by the director, page 3 should be detached for use as the burial-transit mermit. Then measure completely filled in by the be filled with the Stall Dept. of Health prior to burial, cremation, or remaval, and in any element. Thin 72 hours after death.

should funerak

thin 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16865 FOR STATE HEALTH DEPT.

ō

and 2, and PM3.

pencil in Item 18. G ve Pages

⊑

"pending"

farm

alang with

Office

Examiner s

delay

after death

24 haurs

This certificate should be executed within

Page of of death. Department ofter (the 豆 permit. burial-transit Ö 0.5 used 9 3 shauld

e, writing the ward "pending" tarwarded to the Chief Medical 4 shauld the funeral directar.

please execute the certificate.

necessary,

O DEPUTY MEDICAL EXAMINER:

haurs e State | 72 haur with the gn ⊆ gud ar remaval, crematian, burial, 10 prior designated agent, may be retained for your FUNERAL DIRECTOR: Page Ь 0

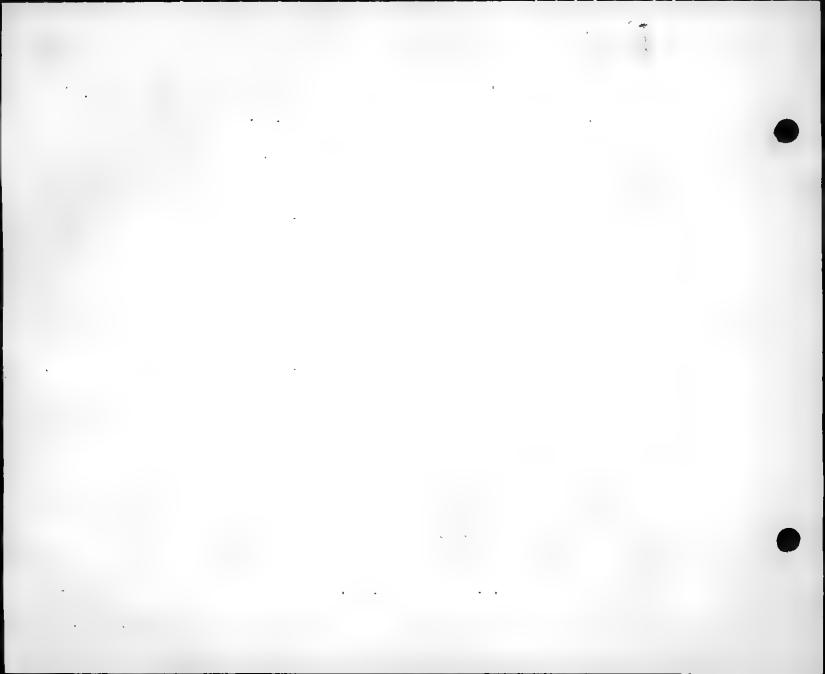
MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission n. COUNTY n STATE **b** COUNTY MARYLAND Prince George's Prince George's Maryland b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn) write RURAL and give nearest town) Cheverly DOA Forestville d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George General Hospital 255 Dowerhouse Road YES □ NO □ 3 NAME OF Middie Last 4. DATE Month Day DECEASED 0F Richard Marshall (Type or pant) DEATH 19 65 6 COLOR OR RACE B. DATE OF B.RTH AGE (n years F UNDER YEAR 7. MARRIED NEVER MARRIED F UNDER 24 HRS last birthday) Months Davs Haurs D-VORCED. WIDOWED Male Negro 11-23-1893 10a USUA, OCCJPATION (Give kind of work done Ob KIND OF BUSINESS OR 11 BiRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during mast of warking the even if refired) Janitor COUNTRY? Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Marshall Elizabeth ? 15 WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service Marlboro, 16 SOCIAL SECURITY NO 17 INFORMANT Address Ravmond Marshall Box 4255 Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Heart failure DUE TO Canditions, if any, which gave (b) Arteriosclerotic heart disease over 10 vrs rise to immediate cause (a). DUE TO stating the underlying cause PART 1, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN N PART 1(a) 19 WAS AUTOPS CERTIFICATION PERFORMED? NO X YES T 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of many in Part II or Part II of item IB.) PRIMARY Ellar CONTRIBUTING [7] CALISE OF DEATH MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form. (City or fawn) (Caunty) (State) Haur am. factory, street, affice blda . etc.) Nat White at wark at wark 21 1 certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry . and in my opin an Natural courses XX Accident [] death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Riverdale, Md. Wehoe. Address (Street, city, tawn, ar county) 12-29-65 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 235. DATE THEREOF 23d LOCATION (City or Town) (Caunty) (State) 65 Olivet Cemetery Washington, 2Sa. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Benning Road NATE N

VR A15ME (5) 6M 1/66

Funeral

Home



23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Burial Dec 14, 19

24. FUNERAL DIRECTOR

Gasch's Sons

1965

Hyattsville, Md.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. with the State Department within 72 hours after death. File pages, and in any permit. Fremoval, 8 a burial-transit pal, cremation, or r 3 should be used as agent, prior to burial O FUNERAL DIRECTOR: Page of Health or its designated

It	tems 18821 Film G372 MARYLAND S Division of STATISTICAL RESEARCH AND MEDICAL EXAMI	D RECORDS,	PARTMENT OF 5, 301 W. PRESTON CERTIFICATE	I STREET, BALTIMOR	E 1, MARYLANI	0
1.	PLACE OF DEATH a. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE a. STATE Maryland	E (Where deceased lived, If inst b. COUN d Pr	viv ince George	els
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OA	c. CITY OR TOWN (If o	outside corporate limits, wri	rite RURAL and give n	
-	Leland Memorial Hospital		/ 5801 Sar	rgent Road	YES	N A FARM?
	Organization (Type or print) Trances Isal	belle	Maske	4. DATE Month OF DEATH 12	10	Year 1965
fe	111200	VORCED	8. DATE OF BIRTH 12-1/4-11	last birthday) 53 yrs.		iours Min.
dur	oa. USUAL OCCUPATION (Give kind of work done influence in the property of working life, even if retired) Supervisor US Govern		Delaware		12. CITIZEN OF V COUNTRY? USA	WHAT
	3. FATHER'S NAME James Brogan			le Gardner		
15. (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, no, or unknown) (If yes give war or dates of service) 577 05 53		INFORMANT Carl V Maske	Addres Chillum,		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute all BUE TO		8m			AL BETWEEN AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO					
ICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				YES D	AS AUTOPSY ERFORMED?
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.			Injury in Part I or Part II of		
MEDICAL	Hour a.m. 19 at work at work	le factor	ACE OF INJURY (Home, far ory, street, office bldg., et		(County)	(State)
	21. I certify that I took charge of the remains describe death resulted from: Natural causes X. Acodem		icide 🔲, Homicid	de [], Undetermined	a table i	my opinion
	ACTUAL SIGNATURE John Jehr	1		DICAL EXAMINER		DATE SIGNED
	EXAMINER'S John Kehoe M.D., Riverdale	e, Mary]		AL EXAMINER X t, city, town, or county)	12.	2-11-65

23c. NAME OF CEMETERY OR BREWATORY

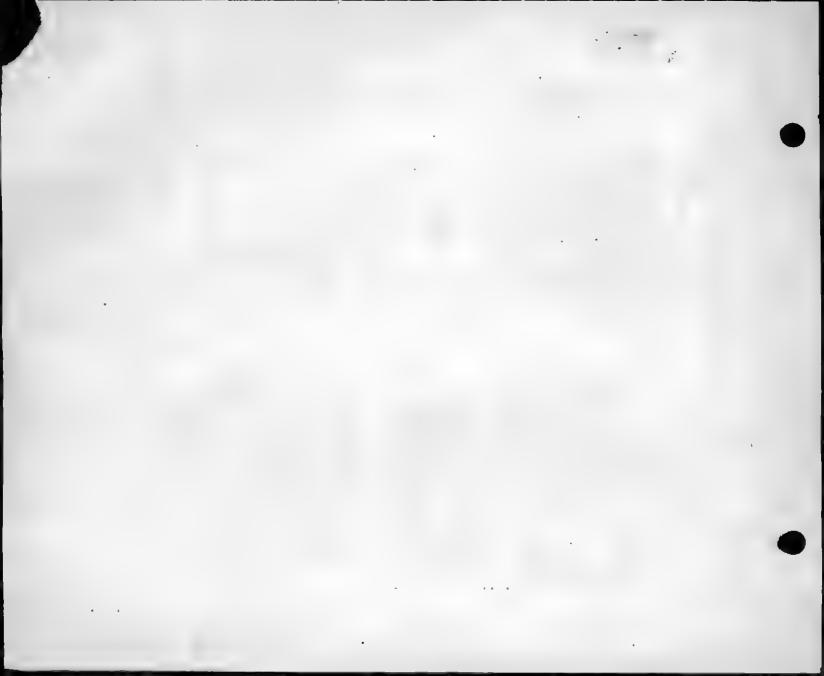
ADDRESS 25a. REC'D BY REGISTRAR 111e, Md. 1965

Vashington D. C.

256 REGISTRAR'S SIGNATURE

(State)

VR A15ME 3500 4-64



<u></u>	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE THEMS OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
eath.	funeral and 2	1.	Thom #1 File Hard 12 17 16 DEATH	
To the	Tage M	1	PLACE DF DEATH a. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institute a. STATE Maryland Prince George	ce George
24 hours after death	Pages Le		b. CITY OR TOWN (if outside corporate limits, write Rusal and sive nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write Rusal and sive nearest town) D O A Laurel	URAL and give nearest town)
	physician and completely filled in by the complete of papers. Page and in any event, within 72 hours at		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Leland Memorial d. STREET ADDRESS 820 West Street.,	e. IS RESIDENCE ON A FARM? YES NO X
withir	pfetely arbon it, with	3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) BERNARD T. MATTHEWS DEATH 12	Day Year
PHYSICIAN: The law requires that the death certificatm be executed within	nd com move c	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 1899 9. AGE (In years IFU	NDER 1 YEAR IF UNDER 24 HRS. hths Days Hours Min.
e ea	sician a lease re and in a	10a dur	USUAL OCCUPATION (Give kind of work done in most of work in the life work	12. CITIZEN OF WHAT COUNTRY?
ertificati	And The Popular Park		George Matthews Laura Hebron	
eath ce	Page 4 may be retained by the nospital or attending physicial. DEUNERAL DIRECTOR: After this certificate has been signed by the attending place director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Margaret Matthews:	
he d	y the matic		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
iat ti	ed by tran,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS	- luk
es ti	sign sign urial		Conditions, If any, which DUE TO CORO TO ARV SCLEROS13	10 YYS
redul	been the b or to b		gave rise to immediate cause (a), stating the underlying cause last. Out to CARCINGMA R. LUNG-	IYR.
ME	arrier has se as h pri	NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
T e	ii or iicate or us Heaft	FICAI	PURITIS	YES NO
SICIAN	certification of pt. of	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ito OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
C PHY	by the ter this se deta tate De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work at work	(County) (State)
ATTENDING	R: Af		21. I certify that (I) (this hospital) attended the deceased from 3/0, 196/, to 2/14	19 5 that (I) (we) last
E	strate of the st		22a. SIGNATURE 1 / 2	on the date stated above. 2b. DATE SIGNEY
O HOSPITAL OR ATTENDING	AL DIR page e filed		22c. PHYLICIANS ATTENDING MED. STAFF PHYS. 22d. ADDRESS 22d. ADDRESS	12/13/65
HOSPITAL	rage 4 mg O FUNERAL director, p should be	_	MANE (TYPO) J'M WARREN Fairel's	The second
2	10 F E E	238	Burial 12-16-65 Carver Memorial, Laurel, Mo	
VI	R A15 (4)	24 1/2	Funeral director Rockville, Md. 25a. REC'D BY REGISTRAR 25b. REGIS	arly Judge
	5M 4-64	4	THE THE TOTAL TOTA	- '0 - 0

4 +



MARYLAND STATE DEPARTMENT OF HEALTH

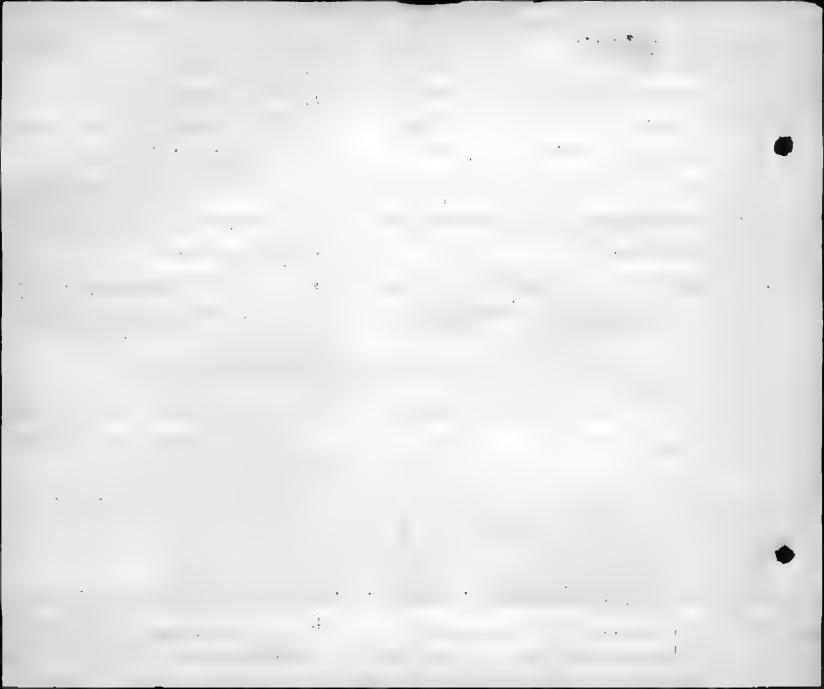
VR A15 (4) 20M 1/65

. 148 25 ...



VR A15ME 5M 1/63

I	Items 18-21 Film G372MARYLAND STATE DEPARTMENT OF HEALTH											
	Division o	of STATISTICAL		CH AND	RECORD!	s, 301 W. PRESTO	N STRE	ET, BALTIM	ORE 1,	MAR	YLAND	
_	18870	WEL	DICAL	EXAM	INER'	CERTIFICA	TE O	DEATH			6,7	2
	PLACE OF DEATH					2. USUAL RESIDEN	CE (Where			Residen	ce before e	dmission)
_	Pr	in <mark>ce</mark> George	t _S	MAI	RYLAND	a. STATE Marylan	.d	b. coun Pri	nce G	eorg	e1s	
	 b. CITY OR TOWN (if write RURAL and) 	outside corporete limits, give nearest town)		LENGTH OF S	TAY IN 16	c. CITY OR TOWN	(If outside ed	orporate limits, write	RURAL ar	nd give i	wol teeraer	n]
	Suitland			DOA		X Suitland						
	d. NAME OF HOSPITA	AL OR INSTITUTION (if	not in hospite	el, give street ec	idress)	d. STREET ADDRESS						SIDENCE A FARM?
		Force Base	Hospi			4425 Arnold		Apt. T-	2			NO 🗔
3.	NAME OF DECEASED	First		Middle		Lost	4. DATE		1	Day	Yee	
Ļ	(Type or print)	Elizabeth		ary	McQu	84 64 4	DEAT	1.4		16	19	65
5.	SEX	6. COLOR OR RACE 7	. MARRIED [NEVER MAR	RIED 🔀 🖁	, DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.
<u> </u>	Female		WIDOWED [23 June 1917		48 yrs.		/-		
do	ne during most of work	ON (Give kind of work ing life, even if retired)	1		OR INDUSTR	Y 13. BIRTHPLACE (State	or foreign e	iountry)	- 1		WHAT C	OUNTRY?
	ov't. Pers	onnel	Gove	ernment		Indiana			U	5.A.		
		** * #				14. MOTHER'S MAIDEN						
-		Mc Juaide	52 L14 CO	CIAL SECURITY	NO 1 17 .	Helen Mc C	une					
	s, no, or unkown) (Hy	esgivawarordalesoften		ICIAL SECORIT			. 5 . 3	Address	~ ^=	70	Mosh	TO/S
	110	ATE Enter only one el)	for (a) (b) and		eanor Mc Qua	trae,	3/20 0011	II + H		ERVAL BET	
	PART I. DEATH	WAS CAUSED BY:	Shock		1 (41)						SET AND	
	7 / 1	AMEDIATE CAUSE (a)		le.		-						
	Conditions, if any,	DUE TO	From	first:	and s	econd degre	a hum	ne of one	o/.			
	gave rise to immediat			dy sur		ocona degre	c bul	10 01 50,	70		nute	
	(a), stating the unc	darlying DUE 10		cute a		lism				161.4	nuce	D
z		1 111				T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(e) 1	P. WAS A	UTOPSY
CERTIFICATION											PERFO	RMED?
TFIC	20a. EXTERNAL CAL	JSE WAS 20L	. DESCRIBE	HOW INJURY	OCCURRED.	(Enter nature of injury in F	art I or Part	11 of itam 18.)			F24	10 E
ă	PRIMARY 6 or CON CAUSE OF DEATH.		ell in	batht	ub of	hot water						
3	20c. TIME OF INJUR	Month, Dey, Yeer	20d. INJ	URY OCCURRED	20e. PLA	CE OF INJURY (Home, fern		ity or town)	(Cor	unty)		(State)
MEDICAL	hbt. 12	2/16/65 10	While at work	Not While &		ory, street, office bldg., etc N C		tland Pr	Geo	0.	Md.	
~	21. I certify tha	t I took charge ph	lhe remair	ns described	above, he	ld an Autopsy or,	Inspection		No. of Contract of		in my o	pinion
	death resulted fro	/ /		Accident X	7		[]. U	Indetermined m	enner [7		
		ΛV	_ \	/ 17		CHIEF MEDICAL	EXAMINER		-	_		
	ACTUAL SIGNATURE	Home	/`	let	7-1	M.D. ASSISTANT MED	ICAL EXAM	INER		D.	ATE SIG	NED
	EXAMINER'S	M	-			DEPUTY MEDICA	L EXAMINER	· 🖸				
-	NAME (Type)	John Kehoe,	M.D.	Rivero	lale,	Md Address (Street,	city, lown, o	or county)			17-6	<u></u>
22a	L BURIAL, CREMATION REMOYAL (Specify) 'EMATION	225. DATE THEREOF		c. NAME OF C	EMETERY OR	CREMATORY	22d. LOC	ATION (City, lown,)	[State	0]
Uľ		1/12/20/65	C		LII Cr	ematory		land, Md				
7	oseph Gawl	er's Sons.	Ing.	Administra		246. REC		TRAR 246. REGI	stran's s		RE LAR	
	130 Wiscon	isin ve, N	119 119	shingto	n, D.	c. LDEC	23	965 /	4704	1	1	



2000

To FUNERAL DIRECTOR: After this certificate has been signed by the attending puysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Н	_	10011			CERTIFIC	AIE	Ur D	EAIR					× 100	1,1
4		PLACE OF DEATH				il.	2. USUAL	RESIDENCE	(Where de	ceased lived,	If institu	tion: Reside	nce before a	dmissign)
J		a. COUNTY	Prince Geo	orge's	*******		a. STAT	EMary]	land	b.	COUNTY	Pro	Georg	rae.
1		b. CITY OR TOW			C. LENGTH OF STAY 18		c. CITY OR			norate limi	te write			
ı	1	write RURAL	N (if outside corporat and give nearest town	n)		1 10		Sast F					Rive licale	at tomin
ı	1	cast Kiv	erdale, Mo	<u> </u>	12 years		/	20020 2	-2.4.07	aure	7.107.0			
		d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not in ho	spital, give street addi		d. STREET						B. IS RES	SIDENCE FARM?
ı		5417 56t	h place /	Apartme	ent 201		5417 5	56th F	Place				YES 🗌	No 🗵
ı		NAME DF DECEASED	Fir	st	Middle		Last		4. DATE DF	n De	Month	9,	ay Ye	
ı		(Type or print) SEX (Man	rice			Sweer	ley	DEATI			· · · · · · · · · · · · · · · · · · ·		65
ı		ale	white	7. MARRIED	NEVER MARRIED] 8.			9.	last birti	years IIF	onths Day	AR IF UNDE	
ı	HIG	416	Murce	WIDOWED [DIVORCED	١١٥	ct 16,	1888	3		yrs.	mais Du)	3 110013	1000
ı	10a.	USUAL OCCUPAT	ION (Give kind of work o	ione 10b. Ki	ND OF BUSINESS OR		11. BIRTHE	LACE (Cour	nty & State	, er foreign (country)	12. CITIZ	EN OF WHA	T
1	anti	Reti	ng life, even If retired red	Die	DUSTRY ctrician		Tre	land				COUNT	IRY	
ı		FATHER'S NAM					14. MOTHE		NAME					
ı			Dobiel 3	la Cara			_ ,							
1	1.8	WIRE DECEACED	Daniel M	c Swee			NEDRMANT	a Hor	an		Addeson			
1	(Yes	, no, or unkown)	(If yes give war or dates of	service)	SOCIAL SECURITY NO.						Address			
1		no		05	1 07 7894	No.	ra Mc	Sween	ey E	ast R	iver	dale,	Md.	
1	- 1	18. CAUSE DF	EATH [Enter only one	cause per lin	ne for (a), (b), and (c).]							111	TERVAL BE	TWEEN
1		PART 1. DE	ATH WAS CAUSED BY:	010	n PULA	-01	va Lo	=				9	NSET AND	
1		4211	IMMEDIATE CAUSE		13 4 7	F G.	0 74 0							
1		Conditions, If	DUE'	1-	- MA HL	02	FORA						304	11
1	gave rise to immediate											-	740.	
1	cause (a), stating the DUE TO													
-	_	underlying caus		(c)										
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
4	<u>S</u>	YES NOT												
1	는	20a. ACCIDENT	WAS UNDERLYING	(20b. D	ESCRIBE HOW INJURY	OCCUR	RED. (Enter	nature of li	njury in P	art I or Pa	rt II of It	em 18.)		
	CERTIFICATION	(IF EITHER, NOT	NG CAUSE OF DEAT	IER)										
			NJURY Month, Day, Y		JURY OCCURRED 20e	. PLAC	E OF INJURY	(Home, farn	n.l 20f.	(City or to	wn)	(County)		State)
	MEDICAL	Hour a.m	i.	While	Mot While	factory	, street, offic	e bldg., etc.	3)	(-10 11 11		(**************************************		
	Ĭ.	p.n		at work					1					
ı		21. I certify	that (!) (this hosp		d the deceased from	1_/	114		24, to.		1	19	that (I) (we) last
1			eased alive on	BEC-	19 65, and	that	death dccui	rred atyZi.5	M, fr	om the ca	uses an	d on the c	late state	i above.
1		22a SIGNATUR	500 out	5/~	00		ATTENDIN	G - ME	ED.	STAFF	2	2b. DATE	SIGNED	
1		1_4	SELVI	110		M.D.	PHYS.		RECTOR [12-1	10-6	>
		PHYSICIA NAME (Ty	N'S pe)	-	D 711		22d. AD		1115	F 15.	P	200	A I F	MA
	-		- 12		NOTH		_	VAL	HAL	A 22 J	1114	*** ***	1 6 6 9	70
	23a.	BURIAL, CREM REMOVAL (Spe			23c. NAME OF CEMI	_		REY .	23d, LI	OCATION (C	ity, town	or county) (S	tate)
		Burial	Dec 22	, 1965		iea	ven			heato		Md.		
1	24.	FUNERAL DIRE			ADDRESS			25a. REC'I		STRAR 25			GNATURE	
5		F. Ga	sch's Sons	Hyat	tsville, M	d.		DATE	27	965	Flice	arles	Judge	needs.
31											4	/	/	

VR A15 (4) 20M 1/65

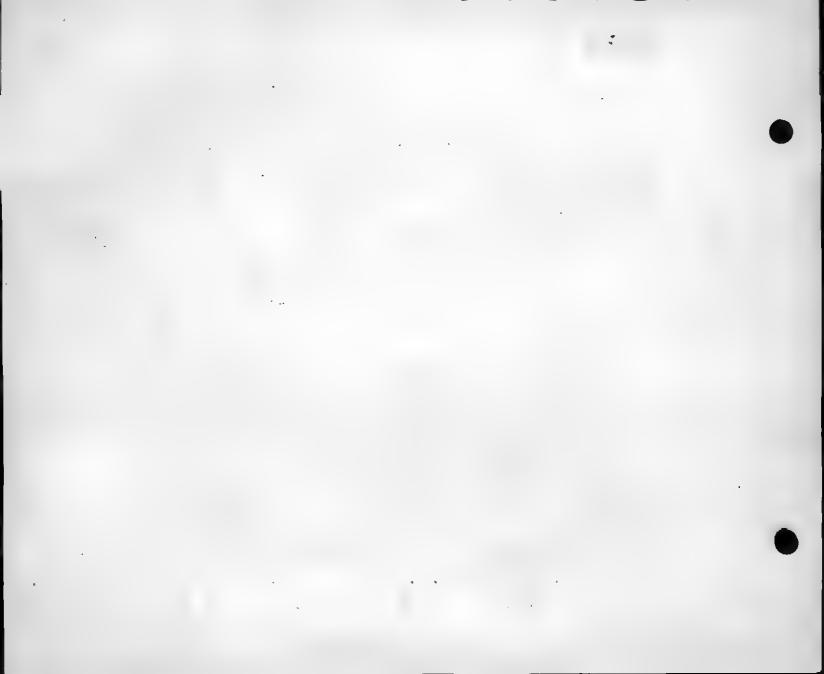


de :

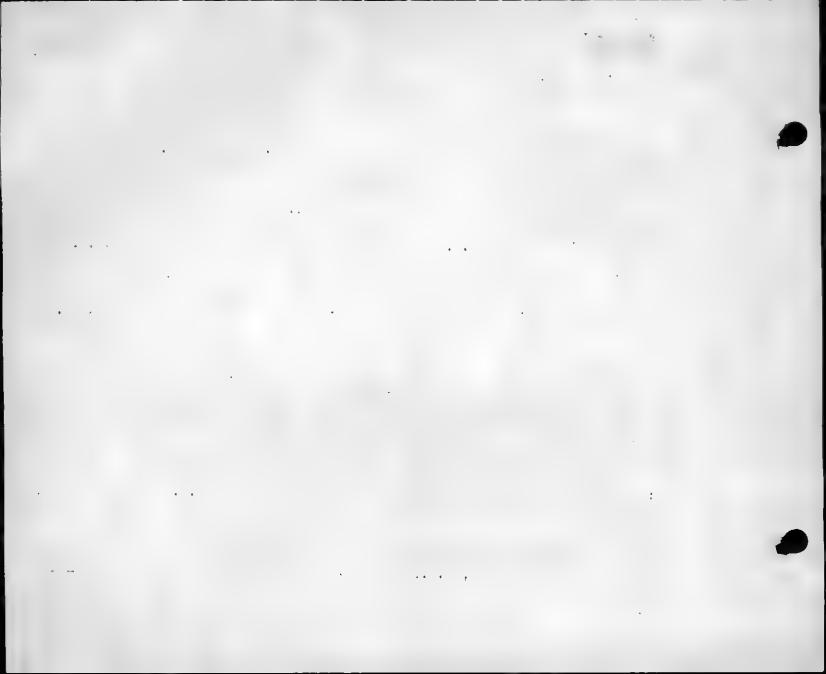
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO BOSEITAL BE ETTERDING PHYSICIAN: The law requires that the death cellificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	100 62	<u>u</u>		OLKIIII	WIF OF	DEAT	11			* .	100	
1.	PLACE OF DEAT				2. LI	SUAL RESIDEN STATE Maryla	ICE (Where d	eceased lived, If ins b. COUM	arms for a	1000	27	-
		e Georges		MARYL							Geor	Name of the last
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest toy	te limits, (n)	c. LENGTH OF STAY	N 1b c. Cit	Y OR TOWN (if outside co	rporate Ilmits, wr	ite RURAL	and give	neares	t town)
	River		,			Laure.	1	/	K			
	d. NAME OF HO	SPITAL OR INSTITUTII	DN (if not In	hospital, give street add	dress) d. ST	REET ADDRESS	S			θ.	IS RESI	DENCE
		e Lelani Me				35 Ev-1	Jar Mol		()	YI	-	NO .
3.	NAME DF DECEASED	F	rst	Middle		Last	4. DATE	Mont	n	Day	Yea	r
	(Type or print)		elyn_	Rose		senger	DEAT	H Decemb	er	31,	19	65
5.	SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	B. DATI	OF BIRTH	9	. ACE (In years last birthday)	IF UNDER	1 YEAR I	F UNDER	24 HRS.
	Female	white	MIDOME		9-17			44 yrs.			******	III.
du:	B. USUAL OCCUPAT Ing_most of work	TON (Give kind of work jng life, even If retire	done 10b.	KIND OF BUSINESS OR	11. E	IRTHPLACE (County & State	e, or foreign country) 12. CI	TIZEN O	F WHAT	
	Housew	ite		Own Home		West 1	Virgini	La	US			
13	. FATHER'S NAM	ΙE			14. 1	OTHER'S MAI	DEN NAME					
-		ence Reed				Unkno	own					
15 (Yi	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16 of service)	6. SOCIAL SECURITY NO.	17. INFORM			Addres	SS			
	No					sband/1	ledical	Record				
				line for (a), (b), and (c).]					INTER	VAL BET	WEEN
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	CEREBRAL	TE	ROMB	0505			3	DA	VI
	333	- T DUE										
	Cenditions, If	any, which	(b)									
	gave rise to cause (a), s											
	underlying caus		(c)									
NOI.	PART II. OTHER S	ICNIFICANT CONDITION		BUTING TO DEATH BUT NO	TRELATED TO	HE TERMINAL	DISEASECO	(DITION CIVEN IN	PART 1(a)	19.	WAS AU	TOPSY
CERTIFICATION										YES	PERFORI	NO L
RTIF	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCURRED. (Enter nature (of injury in F	art I or Part II o	f item 18.)		
		NG □ CAUSE OF DEA TIFY MEDICAL EXAMI										
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,			e. PLACE OF II	iJURY (Home, i t, office bldg.,	arm, 20f. etc.)	(City or town)	(Cou	nty)	(\$	tate)
ME	p.r		While at wo									
	21. I certif	y that (I) (this hos	oital) atten	ded the deceased fro	m 12-28			12-31	_, 196.	يے tha	t (I) (w	e) last
		ceased alive on	12	30 19 65 and	d that death	occurred at.	フジAM, fi	om the causes				above.
	22a. SICNATUI	RE () 4	7 -		ATTI	NDING/	MED.	STAFF	22b. DA			
	On million		June	un/	M.D. PHY	s V	DIRECTOR	PHYS.	12-	<u> 31-6</u>	5	
	22c. PHYSICIA NAME (T)	(ne)		3.6 D	220		4		D .			
			ounann	**				y Road,			4	
238	REMOVAL (Sp	ACITY) 12/31/	THEREOF	33c. NAME OF CEM	ietery or cri Funual		l u	OCATION (City, to	wn or cou	nty)	(Sta	-
24	Removal			ADDRESS	unua		C'D BY REGI	raften	ECISTRAR'S	S SICNA		w
-	491	1.0 27	120 2.	4	+ 1/19	IV LAKE	_	366 200	ingle	0	قر مستر	
=	1. Yarc	des sino 1/	2/124	It Has Higall	soule M	DAME	0 10	1001	, 00	0	0	
				0								

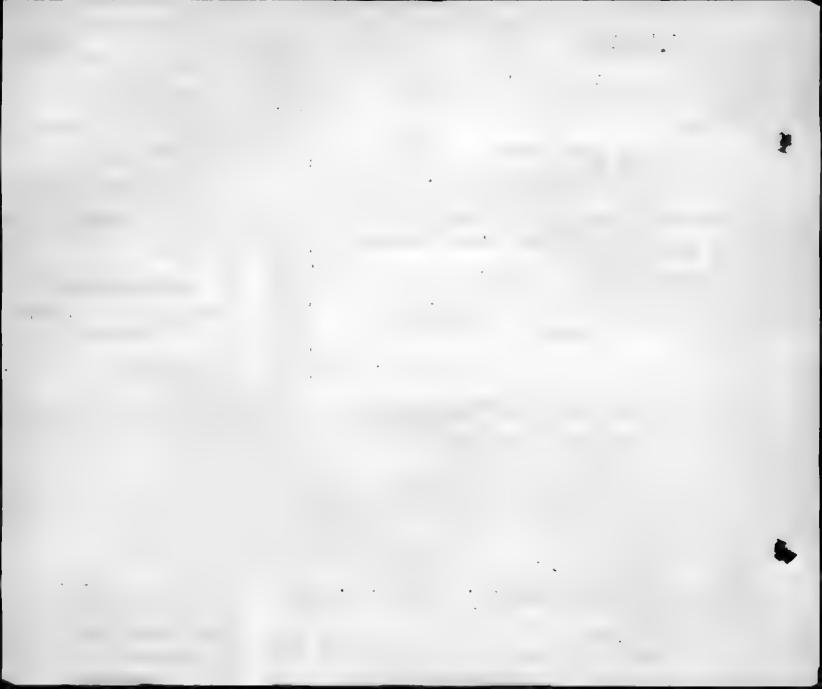


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Prince George MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) DOA Cheverly Alexandria e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? State hours a Prince George General Hospital NO [Braddock DATE NAME OF Middle Year the 72 | DECEASED DF DEATH 19 65 (Type or print) Miles Nicholas With 6. COLDR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 24 hours after death. If no item 18. Give Pages 1, Office along with form 7. MARRIED T NEVER MARRIED last birthday) Months I Days Hours 22 Dec., 1922 cv. WIDOWED J DIVORCED [event and 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. --Maryland pages 1 in any Power Linenan U.S. Government 14. MOTHER'S MAIDEN NAME Thomas Miles Mary Gladys Barbour 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITYNO, I Mrs. Betty Miles Alexandria. WII II and korea INTERVAL BETWEEN 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac tampanade Minutes MMEDIATE CAUSE (a) Laceration of left ventricle DUE TO Conditions, if any, which (b) Fracture of left 4th rib and sternum gave rise to immediate DUE TO cause (a), stating the Trauma-auto accident underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 3 NO F the certificate, writing the should be forwarded to fles. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
Driver of car which ran off road and hit pole 2Da. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 모금 3 shoul MEDICAL 2Dc, TIME OF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 2Df. (City or town) (County) (State) While Not While Rt 495 nr st rt. 210, P.G., EXAMINER: Md. 4 1965 FUNERAL DIRECTOR: Page I Health or its designated 21. I certify that I topk charge of the remains described above, held an Autopsy Inspection 3 Inquiry x. and in my opinion Undetermined manner Natural duses Accident Suicide Homicide . death resulted from: please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12-4-65 DEPUTY MEDICAL EXAMINER TR John Kehoe, M.D., Riverdale **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 9 12/7/1965 Burial A lington National Cemetery Arlington Co. Va. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR LIEV Funeral Home 1965 VR A15ME Alexandria, 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before admission) e. COUNTY e. STATE b. COUNTY 8. Give Pages 1, 2, and 3 to the funeral director. Page form PM3. Page 5 may be retained for your files. it. File pages 1 and 2 with the State Department of in any event within 72 hours after death. is necessary, Prince George's Prince George's Maryland MARYLAND b. CITY OR TOWN lif outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Cheverly Glen Ridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO 🗔 Prince George General Hospital 7204 Marywood 3. NAME OF Middle DATE Month 4. Day DECEASED OF [Type or print] DEATH 1965 Moore 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR JF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED [7] May 1902 Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RON IRON WORKS MISSISSIPP and in any event 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME BELIND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 17. INFORMANT Address 00 permit. B. MOORE ¥i¥ in pencil in Item O DEPUTY MEDICAL EXAMINER: This certificate should I executing 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN removal, SUIX MEDICAL STREET OF STR ONSET AND DEATH PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart, failure minutes DUE TO Conditions, if eny, which (b) Arteriosclerotic heart disease gave rise to Immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO KI 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Heme, farm, ! Month, Day, Yaer 20d. INJURY OCCURRED 20f. (City or lewn) [County] (State) factory, street, office bidg., etc.) Whila Not While Hour a.m. at werk at work should be forwarded to the FUNERAL DIRECTOR: Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINER'S M.D. Riverdale, Md. Kehoe, NAME (Type) John Address (Street, city, tewn, or county) 4 should O FUN Health 220. BURIAL, CREMATION 1 22b DATE THEREOF 22c. NAME OF CEMETERY LOCATION (City, lown, or county) REMOVAL (Specify)/ 23. FUNERAL DIRECTOR

VII A15ME 5M 1/63



a.	COUNTY	a STATE b. COUNTY	Heare
b.	CFTY OR TOWN (If outside corporate limits,) (c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	Land give nearest town)
	write RURAL and give nearest town)	I V	,
-	Nan ham inot	Brentwood, Md.	A TO DESIDENCE
والا موريطي	NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address	d. STREET ADDRESS 4208 - 137th St.	ON A FARM?
	magnoliant ardine nursi	My Home darkan ,	YES NO X
3. NA	AME OF First Middle	Last 4. DATE Month	Day & Year
	ype or print) Minnia Mi	Arrison DEATH Deer	1965
5. SE	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDE) (COALULE 1877 G) last Methoday) Months	
	WIDOWED DIVORCED	april 8, 1879 86 yrs. Months	Days Hours Min.
10a. US	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	ITIZEN OF WHAT
	Housewife -		S.A.
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Lawrence Jones	Mollie Beard	
15. W	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address	
	NO (If yes give war or dates of service) 22-15-1728 M	r. Hubert Morrison (above	address)
	B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(Son)	I INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY:	75	ONSET AND DEATH
	IMMEDIATE CAUSE (a)		
	332X DUE TO	7/0	
	onditions, if any, which are (b) Concluded at a	allere Gallery Vily	
	ause (a), stating the DUE TO	70 ()0	
u,	nderlying cause last. (c) There exe	darbuoselluse.	-
O PA	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	presente.		YES NO NO
20	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part or Part of item 1	3.)
	F EITHER, NOTIFY MEDICAL EXAMINER)		
EDICAL 20	faci		unty) (State)
ED I	Hour a.m. p.m. 19 While Not While at work	tory, street, office bldg., etc.)	

64, to x 4, 1905, that (I) (we) last 21. I certify that (I) (this hospital) 19 1905, that (I) (we) last and that death occurred at saw the deceased alive on DATE SIGNED SIGNATURE 22b. 22a,

ATTENDING PHYS. 22d. ADDRESS

DATEA

MED. DIRECTOR

STAFF PHYS.

(State)

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) Removal

Home

PLACE OF DEATH

DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY LOCATION town or county)

Live-Oak Cemeterv Crenshaw County Funer al ie r, FUNERAL DIRECTOR BY REGISTRAR REGISTRAR 25b. yland Inc. 1966

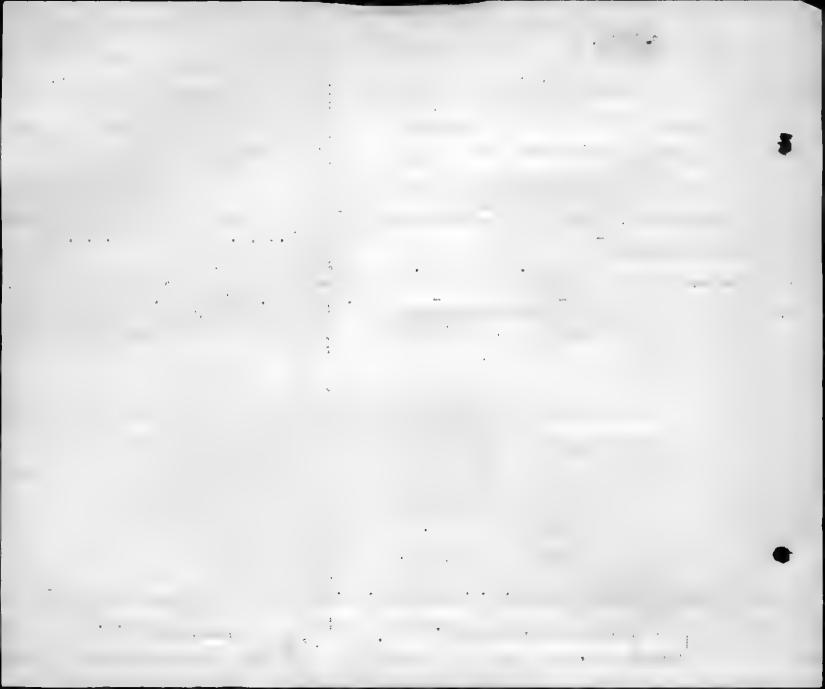
VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) . COUNTY arki 3 to the funeral director. Page may be retained for your files. e. STATE b. COUNTY is nmesmry, Prince George's Maryland MARYLAND Prince George's with the State Department 72 hours after death. b. CITY OR TOWN (if outside corporate limits. 6. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital YES TO NO TO Knollbrook Drive 3. NAME OF 4. DATE DESCRIPTION (Type or print) DEATH Richard Allen 19 65 DEPUTY MEDICAL EXAMINER: This certificate the uld be encounted within 24 hours often death. It lease execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1.2, and 3 to the should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 3 may be reuneral. PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the ealth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours. Murphy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR | last birthdey) Months WIDOWED [DIVORCED [Male 10s. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wash. D.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James F. Murphy Jr. Bonnie Lee Redzensky 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) [lifyeegivewerordelesofservice) Mr. James F. Murphy Jr. (above address) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (e) **DUE TO [b]** gave rise to Immediate cause DUE TO (e), steting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES TO NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. Month, Day, Year 20f. (City or town) (County) [State] fectory, street, office bldg., etc.) While Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x Inquiry X and in my opinion Natural causes X Accident . death resulted from: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typo) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CITY) Ples. TO FUS. Health 22d. LOCATION (City, town, or county) Burial 12/28/65 Mt. Olivet Cometery Washington, D.C.
23. FUNERAL DIRECTOR Malley's Fune radpress Mt. Rainier, 1244. REC'D BY REGISTRAR'S SIGNATURE 2 VR A15ME Maryland Homm Inc.

5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE, OF, DEATH by the funeral Pages—1, and—2. hours after death. death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) South Carolina COUNTY remove carbon papers. Pages 1, any event, within 72 hours after Prince Georged MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in Cheverly 2 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince Georges General Hospital 60 Maple St.. YES ND certificate be executed within NAME OF Year Middle 4. DATE DECEASED (Type or print) DEATH 19 Evelvn Nesbitt Dec 65 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED please removi and WIDDWED T DIVORCED [emale Negro WII

10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 28 April 189**5** 70 emale 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r INDUSTRY CDUNTRY? IISA South Carolina 13. FATHER'S NAME or removal, 14. MOTHER'S MAIDEN NAME Parris VanDyke Smalls Annie Singleton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. s been signed by the atte s the burial-transit permit ior to burial, cremation, or daughter, So. Car. Sadve Geneva Nesbitt -No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)), and (c),] INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as hould be filed with the State Dept. of Health prior (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES I NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20e, PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19_ . to. 19. ____ that (I) (we) last and that death occurred at 4, 25 MM rom the causes and on the date stated above. saw the deceased alive on 19 22b. DATE SIGNED 22a. SIENATURE ATTENDING STAFF PHYS. X Dec. 20, 1965 M.D. PHYS. DIRECTOR PHYSICIAN'S ADDRESS director, p should be 1 22d. NAME (Type) Rosa L. Barlin Prince George's Genl Hosp, Cheverly Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Charleston, South Carolina Fieldings Funeral Home Removal REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIREC 25a. 1965 VR A15 (4) Wash. D.C.

15M 4-64



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
- = 0 ·	W.	TERTE OF DEATH	60
ithin 24 hours after death. tely filled in by the funeral to papers. Pages 1 and 2 within 72 hours after death.	す	PLACE DF DEATH a. CDUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Maryland b. COUNTY Prince	sidence before admission)
fter the es 1		Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL a	
Pag urs		write RURAL and give nearest town)	and Sito itout out torni,
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Page Hill 77		Prince George General \$609 Monroe St.	ON A FARM? YES ND
withi	3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) John D. O'Hearn DEATH Dec.	Day Year 4 1965
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS.
		Male white WIDOWED X DIVORCED Jan 7 78 88 yrs	Days Hours Min.
	1Da	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, of foreign country) 12, CI	TIZEN OF WHAT
		PRINTER PRINTER LOWELL, MASS. U.	5A
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address . 0.0 5	
, oř	(Ŷŧ	s, no, or unknown) ((If yes give war or dates of service)	S7.
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
or to burial, cremation, or r		PART I. DEATH WAS CAUSED BY: MILE TRIVIALLY CALLET	ONSET AND DEATH
		to DUE TO ()	
		Conditions, If any, which gave rise to immediate (b)	
		cause (a), stating the underlying cause last.	
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	ICA1		YES NO Z
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) While work at work at work at work	nty) (State)
	Σ	21. I certify that (I) (this hospital) attended the deceased from Nov. 21 19.65, to Dec. 4 19.6	5. that (I) (we) last
		saw the deceased alive on 1965, and that death occurred at 5:40M, from the causes and on the	e date stated above.
		220 ALCMATRIC	TE SIGNED
,		M.D. ATTENDING MED. P.M. STAFF PHYS. 22c. PHYSICIAN'S 22d., ADDRESS	
,		NAME (Type) Dr. Barry Rosenberg (CHEVERLY MARYLAND	
	238	REMOVAL (Specify)	nty) (State)
2		BURIAL 12-7-1965 GATE OF HEAVEN SILVER SPRING	MP.
2	24	M. M. Chember Co. Quelle M. DEC 7: 1965 Gliarle	
)	1	1. M. Member G. Million, 11/8. DAR- 1 1303	

6, 112.

death and completely filled in by the i emove carbon papers. Pages 1 any event, within 72 hours after r and completely f within Ξ n ysician ease and death certificate ▭ removal, attending prothe attenit 6 cremation, been signed by the the burial-tramsit p or to burial, cremati by the h∎spital or atte∎ding physician. as the b

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland Prince George's MARYLAND c. LENGTH OF STAY IN 1b 10 days Cheverly d. STREET ADDRESS Prince George's General Hospital First Middle Last Martha Pavne 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH March 21, White WIDOWED T DIVORGED -1893DC. at home

Prince George's CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 3520 Duke Street YES NO. NAME DF DATE Month Year DECEASED (Type or print) DEATH December 10 19 65 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. Female 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Gover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Catherine 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 1039 Raymond 26 None 520 Duke 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) as liell acule IN Chron **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. **WAS AUTOPSY** PERFORMED? CANdior wo cul ar desease NO TO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work ■. III. 19 6 1. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. _M, from the causes and on the date stated above. and that death occurred at_____ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. Dec. 10, 1965 PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Peter Duus, M.D. 6124 Central Ave. Capitol Heights, Md. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify)
Burlal Arlington Natl. Cem. Arlington, Virginia 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S GIGNATURE 24. FUNERAL DIRECTOR Lee Funeral Home Washington \mathbf{D}

b. COUNTY

VR A15 (4) 20M 1/65

for use Health certificate the shed for use of Health

page

director, p

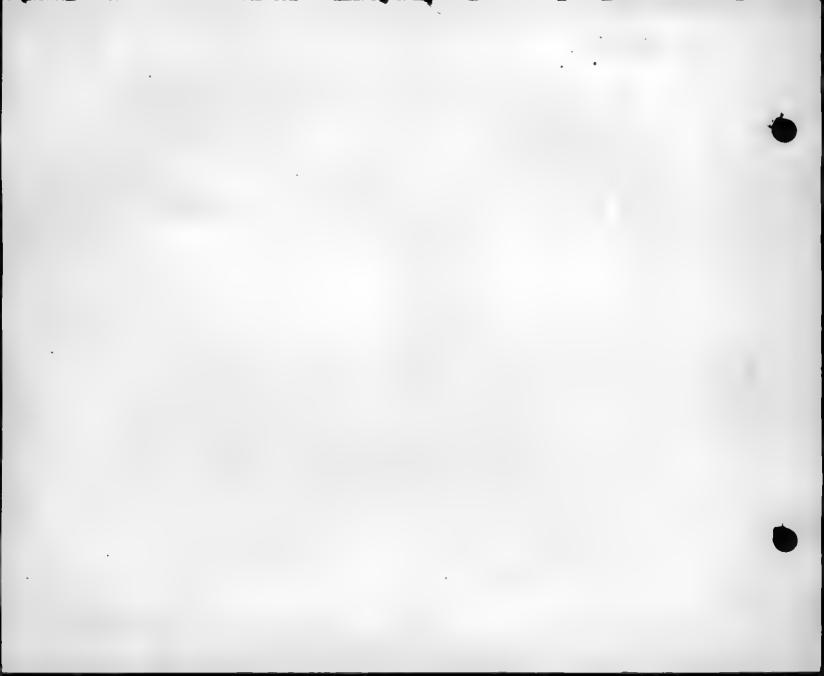
this detach

After

retained DIRECTOR: A age 3 should iled with the ? ъ

þe

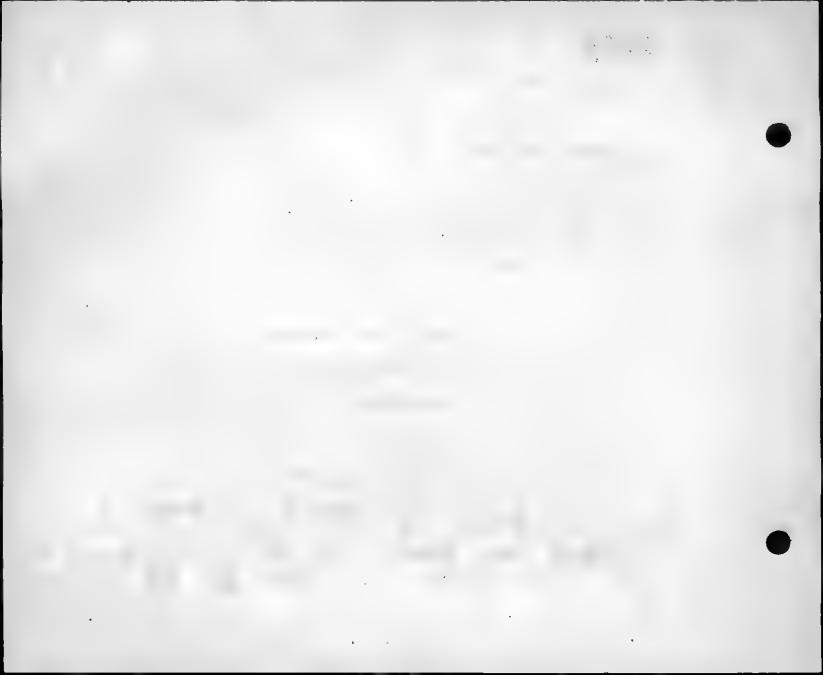
4 may MUSPITAL O FUNERAL



	MARYLAND STATE DEPAR	TMENT OF H	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301	W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
16880	CERTIFICATE O	OF DEATH		3 100 6
				4 1 . 11

\ _	10000				
Ī	. PLACE OF DEATH a. COUNTY	-		E (Where deceased lived, If institu	
L	Prince Georges	MARYLAND	a. STATE Mar	yland Prin	ce Georgesa
	b. CITY OR TOWN (if outside corporate limit write RURAL and give nearest town)	s, c. LENGTH OF STAY IN 1b		outside corporate limits, write	RURAL and give nearest town)
	Cheverly	13 hr	Che	verly	
	d. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Prince Georges genera		642		YES NO
3	NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
_	(Type or print) Charl		Phillips	DEATH Dec	
15	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF last birthday) M	UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WID	OWED DIVORCED	2 Feb., 19	08 57 yrs.	
d	Oa. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)	U S GOVERNMENT	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired	o B dovernment			USA
ľ	3. FATHER'S NAME Horatio Phillips		14. MOTHER'S MAID		
_				ie Johnson	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknwn) (If yes give war or dates of service)	INFORMANT	Address	
	no	+- n0 Je	ennie R Phi	llips Cheverl	y, Md.
	18. CAUSE OF DEATH [Enter only one cause	e per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Myocardial	Infarction		ONSET AND DEATH
	4201 DUE TO				
ı	Conditions, if any, which }	Coronary Occlusi	on (anterior	descending)	
	gave rise to immediate (
	underlying cause last. (c)	Coronary Arterio	sclerotic He	ant Disease	
3	PART II. OTHER SIGNIFICANT CONDITIONS CON				RT 1(a) 19. WAS AUTOPSY PERFORMED?
15	3				YES NO
	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury in Part I or Part II of I	tem 18.)
ACDITICIOATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
15			CE OF INJURY (Home, fa		(County) (State)
MEDICAL	Hour a.m.	While - Hot while -	ory, street, office bldg., e	tc.)	
1:		at work at work	n(0.) a ()	0 1. Desa (1/1)	, 19 65, that 49 (we) last
	21. I certify that (I) (this hespite!) a saw the deceased alive on Decens	artended the deceased from 1960 and tha	t death occurred at	35 M. from the causes ar	, 19-55, that 44 (we) last Id on the date stated above.
	228. SIGNATURE	1/11	/		22b. DATE SIGNED
	Treventy Henry	WILL M.	D. PHYS.	MED. DIRECTOR PHYS.	Deilner 3 190]
	22c. PHYSICIAN'S NAME (Type) Frederick H	enry Wilhelm, M.D	22d. ADDRESS	under Rord:	therely Me
2	3a. BURIAL, CREMATION, 23b. DATE THEREC	F 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, fow	n or county) (State)
	REMOVAL (Specify) Dec 14, 1	965 Ft Lincoln	Cemetery	Colmar Manor	Md.
., -	24. FUNERAL DIRECTOR	ADDRESS	1	C'D BY REGISTRAR 250, REG	ISTRAR'S SIGNATURE
	F. Gasch's Sons	Hyattsville, Md.	I DEC	1 6 1965 Jan	erles Judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE MEALTH DEPT

please execute the certificate, writing the word "pending" in pencil in IIIIm 18. Give Pages 1, 2, and 3 to the funeral director. Bage 4 should be forwarded to the Chief Melical Exeminer's Office along with four PM3. Page 5 may be relatined for your files.

**TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event withing 72 hours after death. O DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

REGISTRAR'S SIGNATURE

1965

24b...

REC'D BY REGISTRAR

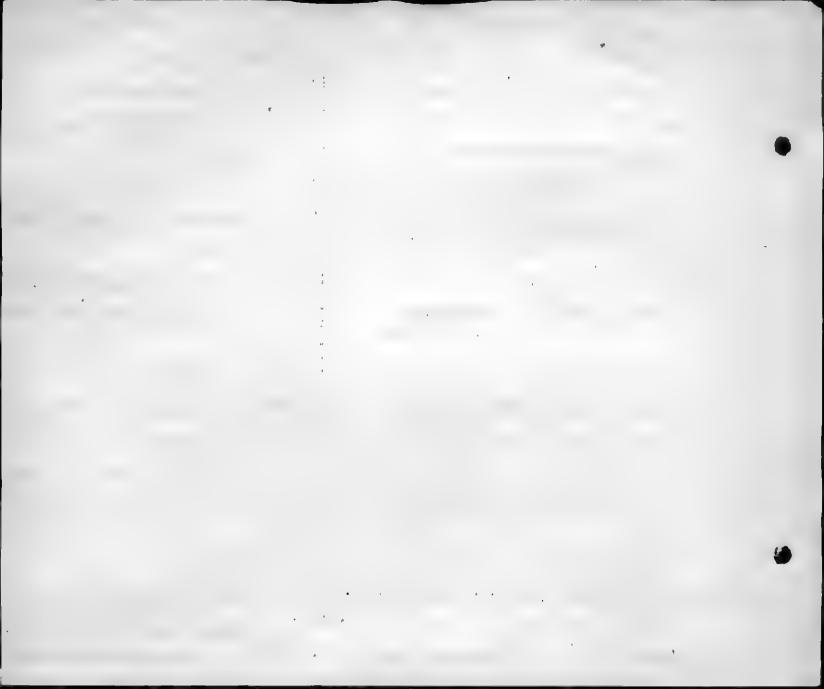
1	10002	MEDICA	L EXAMINE	R'5	CERTIFICA	TE OF	DEATH		40	020	14
1.	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where d			Rasiden	ce bafore	e dmlssio
	Prince Geor	ogels	BURYERS		Maryland		b. COUN	ary nce Ge	2022	ale	
	b, CITY OR TOWN (if outside corporat	to limits,	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside eon					vn}
	write RURAL and give necrest tow	'n)			XChillum '						
	d. NAME OF HOSPITAL OR INSTITUT	ION (if not in hose	pital, give street eddress)		d. STREET ADDRESS					1 e. IS R	ESIDENÇ
	dog Basilanisias But				don n11		.0				A FARM
3.	803 Berkshire Dri	LVE First	Middle		803 Berksh	lire Di	1Ve Monti		Day	Yes	<u> </u>
	DECEASED (Type or print)			_		OP DEATE		•			
Ļ	Herber		dward		ollock		12		22	19	65
3.	SEX 6. COLOR OR	7. MARRIE	NEVER MARRIED] B.	DATE OF BIRTH	3	AGE (In years last birthday)	Months	Davs	Hours	R 24 HRS
	Male White	WIDOWEI		4 (44.	Aug. 1904		6] yrs.		,5		1
10 de	a. USUAL OCCUPATION (Give kind of one during most of working life, even if	E amble of 1	ND OF BUSINESS OR IND		· .	or foreign eo	untry)			F WHAT	COUNTR
R	archant(Owner)	Rad	lio & TV S	hop	Maryland			US	A		
13	FATHER'S NAME				14. MOTHER'S MAIDEN			'			
Lo	ouis Pollock				Anna Kellı	man					
15	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address	Chil	lum	. MC	i.
10	es, no, or unkown) (Hyesgive werorda PS ATMY—WWI	lesofservice)		Sar	ah Polloci	k 803	Berksh	ire	Rd.		
	18. CAUSE OF DEATH [Enter on]									ERVAL BE	TWEEN
П	PART I. DEATH WAS CAUSED	BY:							ON	SET AND	DEATH
	IMMEDIATE CAU	SE (a) Hear	t failure						m	inute	<u> </u>
Н	4	UE TO									
L	Conditions, if eny, which gave rise to immediate cause	(b) Arte	rioscleroti	c he	<u>eart disease</u>				un	known	1
	(a), stating the underlying	UE TO									
	eause lest,	(c)									
8	PART II. OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH BU	TON T	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1		AUTOPSY
15									١	ES 🗍	NO TO
CERTIFICATION	20s. EXTERNAL CAUSE WAS	20b. DESCRI	IBE HOW INJURY OCCUP	RRED. (E	nter nature of injury in P	ert or Perl II	of item 18.)				
E E	PRIMARY or CONTRIBUTING CAUSE OF DEATH.										
13	20c. TIME OF INJURY Month, Da	y, Yeer 20d. I	NJURY OCCURRED 20e		E OF INJURY (Home, farm		y or lown)	(Cou	inty)		(State)
MEDICAL	Hour a.m.	While et work		fector	y, street, office bldg., etc.	1					
2	D.M.	17	<u> </u>	. bald	Lan Autonou 🗍		Tall Innuite				
	21. I certify that I took char					Inspection	trained .	^攻 メᡄᅪᆮ	and T	in my o	pinion
	death resulted from: Natur	ral causes X.	Acciden/ /	Suicid			determined m	алпег [_		
	1		N = I/I		CHIEF MEDICAL	EXAMINER [
	BIGWATURE	am 1	eny		_M.D. ASSISTANT MED	ICAL EXAMIN	ÆR 🗌			ATT. 110	1000
	IIII ACOUNTINA	/			DEPUTY MEDICAL	L EXAMINER					
	NAME (Type) John Keho	oe. M.D.	Riverdale,	Md.	Address (Street, a				12-2	2-65	
22	BURIAL, CREMATION 22b. DATE REMOVAL (Specify)	THEREOF	22c. NAME OF CEMETER	RY OR C	CREMATORY		TION (City, town	1 1		(Stel	(e)
B	urial 12//24	4/65 <i>F</i>	Arlington	Nat	. Cem.	Arlin	gton, V	irgi	nia		

Sons₃₅₀₁ 14th St., N.

VR A1SME 5M 1/63

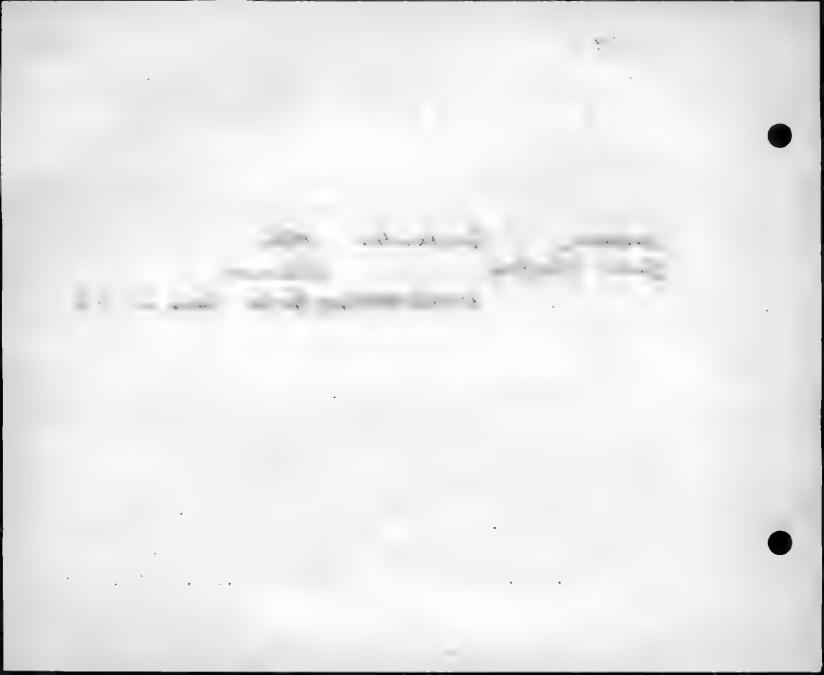
23. FUNERAL DIRECTOR

Danzansky



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64



VR A15 (4) 2DM 1/65

	DIVISIO 18884			LAND STATE I	RDS,		N ST		ALTIMORE		YLAND USS	······
		M.		CERTIFICA	416							
l.	PLACE OF DEAT	H			Ш	2. USUAL RESIDENC a. STATE	E (W	here deceased	b. COUNTY		ice before ad	mission)
		George's		MARYLAN		Marylar			Prir	ice Ged		
	b. CITY OR TOW write RURAL	/N (if outside corporat and give nearest tow	re limits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outsi	de corporat	e limits, write	RURAL and	giye neares	t town)
	Chever		"	1 day	- 1	Laurel					14.	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in hos	spital, give street addre	288)	d. STREET ADDRESS					e. IS RESI	DENCE ARM?
	Prince	George's Ge	eneral H	Hospital	i i	602 Mai	in	Street				NO 🔲
3.	NAME DE	FI	rst	Middle		Last	4.	DATE	Month	0	ay Yea	r
	DECEASED (Type or print)		aby	Girl		Powell		DEATH	Decembe	er 2	B 19	65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	OATE OF BIRTH		9. AGI	(In years IF birthday) M	UNDER 1 YE		24 HRS.
Fe	emale	Negro	WIDOWED	DIVORCED	j I	ec. 27, 196	55	103	yrs.	onths Day:	Hours 12	42
Da	USUAL OCCUPAT	FION (Give kind of work ling life, even If retired	done 10b. Kir	ND OF BUSINESS OR DUSTRY	-	11. BIRTHPLACE (Co	unty &	& State, or fo		12. CITIZE	N OF WHAT	
IUI	mig most or work	ing ine, even it retiret		DOSTRI		Prince Geor	rge	¹s. Ma	rvland	USA	N I I	
13.	FATHER'S NAM	IE O	√	- h		14. MOTHER'S MAIO						
	Melvin	Xai Vari	21/11/	Parison June		C'Herri E.	1	plu I	t, an	nene	0	^
15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. I	NFORMANT	9	200	Address			
, re	s, no, or unxown)	(If yes give war or dates of	(Service)									
1	18. CAUSE DF	DEATH [Enter only on	e cause per lir	ne for (a), (b), and (c),]			_				TERVAL BET	
1	PART I. D	EATH WAS CAUSED BY		ala ha		6.11 1				0	NSET AND D	EAIM
	7(7)	IMMEDIATE CAUSE		efectus.		hoth li	1 312	1				
1	Cenditions, If	OUE any, which \		remator	. 1			•				
	gave rise to	Immediate ((b)	Y Manuel V		/						
-	cause (a), s underlying cau	nating the										
5			(c) DNSCONTRIBUT	TING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL O	ISEA	SE CONDITIO	N GIVEN IN PA	RT1(a) 1	. WAS AU	TDPSY
Ę											PERFOR	NO []
≣]	20a. ACCIDENT	WAS UNDERLYING	20b. 0l	ESCRIBE HOW INJURY	CCUR	REO. (Enter nature of	injur	y in Part I	or Part II of I	tem 18.)		
ž	OR CONTRIBUT	ING CAUSE OF DEA	TH NER)									
AL		INJURY Month, Day,		JURY OCCURRED 2De.	PLAC	E OF INJURY (Home, fai	rm,	2Df. (City	or town)	(County)	(5	tate)
200	Hour a.		While	☐ MOT MILLIS ☐	actor	, street, office bldg., et	c.)					
٤		m, 19	at work		-	0.5 10	105	A - D -	0.0	10 CF	Abot (I) /u	ro) lant
		ceased alive on		d the deceased from 1965 and	ue c	death occurred at9	جم.ر 15:	M from t	28	id on the d	n/ (I) Ibili hoteto ate	ahrwe
	22a. SIGNATU	RE	DEC - 20		Inat	ugatii becuited ata	Þ	III IIIII L		22b. DATE		anove:
	70	. A (1	10. f	, hill	M.O.		MED.	TOR 🗆	HYS. XX	Dec.	28. 19	65
	22c. PHYSICI	AN'S	Teresten	aru Ma	M.U.	22d. ADDRESS	TIKLO		1113. 4.00		,	
	NAME (T	'ype' Thomas	A. Chri	stensen, M.I).	6905 Balt:	imo	re Av	enue, C	ollege	Park.	Md.
23a	BURIAL, CRÉI REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEME					ON (City, town			ate)
	removal (sp crematio		6	Drings Con	0			01				
	FUNERAL DIR		. /-	ADDRESS SOO	6	en. Hoşg. REC	'0 B	Y REGISTRA	250 9 REC	BRMS	MATURE	
	1/1	101 am)1	1	acher.		N Abo	12	2 1966	Polio	reles y	udge	
W	illiam A	. Parker, A	ssistan	t Adm.	or it	1			0	0	-0	



2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Ъ			_		,,,,,,	01 0071111					A ANAL.
1.	PLACE OF OEATI	1		W 17 M March 1		2. USUAL RESIDENC				sidence befor	e admission)
		ce George"		MARYLA	AND	a. STATE Washing	gton D	.C.	,,,,		
	b. CITY OR TOW	N (If outside corporational give nearest tow	te limits,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If	outside co	rporate limits, wr	Ite RURAL a	and give nea	rest town)
		drly	,	25 days		Washing	gton,	D.C. 4	17 X -	3	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in I	hospital, give street add	ress)	d. STREET AOORESS		7		8. IS I	RESIDENCE A FARM?
		ce George'	s Gene	ral Hospital		522 Dec	cater			YES [
3.	NAME OF OECEASEO	Fi	rst	Middle		Last	4. OATE	Monti	3	Day	Year
_	(Type or print)		Zdenek			Ptacek	OEAT				19 65
	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	1 1	B. DATE OF BIRTH	9.	AGE (in years 4 last birthday)	IF UNDER 1	YEAR IF UN	
	Male	White	WIOOWEG			May 6, 1891	/	yrs.	MORELS	Days Hot	II 2 MIII!
103	a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KING OF BUSINESS OR INOUSTRY		11. BIRTHPLACE (Co) 12. CII	TIZEN OF W	HAT
1	Baker	Ing life, even If retire	,	MODSIKI		Czechosl	lovaki	a	00	UNTRY	
13.	. FATHER'S NAM					14. MOTHER'S MAID					
	Unknowr	Ptacek				Mary	Unk	nown			
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT		Addre	\$S		
100	es, no, or unkown)	(If yes give war or dates o	f Service)		A	melia E. Pta	icek	522 Dec	atur	Street	le .
	I 18. CAUSE OF	DEATH Enter only on	e cause per	line for (a), (b), and (c).							BETWEEN
		ATH WAS CAUSED BY	: D., 1.	monary Edema	-	ouere Biles	roral			ONSET AT	O OEATH
	420	IMMEDIATE CAUSE	(a) Full	monary Edema	, 0	evere, bila	rerar				
	/ '	DUE	TO D. 1.	monary embol	i em						
	Conditions, if gave rise to	Immediate (Mana	cardial infr			ocia	maccino			
	causo (a), s		10 7	erioscl e roti				massive			
2	underlying caus		(6)					DITIONOUGHUN	DADT 1(a)	l19. WAS	AUTOPSY
E	PARTIT. UTHER:	SIGNIFICANT CONCITIO	MZCOMIKIE	BUTING TO DEATH BUT NO	JI KELA	IED IO INE LEKWIMALD	JISEASE GUN	IDITION GIVEN IN	PARTI(8)	PER	FORMED?
FIC										YES	NO
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATHER MEDICAL EXAMINATION OF THE PROPERTY OF THE	TH NER)	DESCRIBE HOW INJURY	ruccu	RRED. (Enter nature of	injury in P	art I or Part II o	r item 18.)		
MEDICAL	20c. TIME OF	INJURY Month, Oay,	Year 20d.	INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	rm, 20f.	(City or town)	(Cour	nty)	(State)
ă	Hour a.r		While at wo	Not While	facto	ry, street, office bldg., e	tc.)				
2	21 L contil			ded the deceased fro	- Ind	1/	0 (2) 30	12/9	10 6	that () fund last
	1	y that (i) (this nos) ceased alive on	12/5	/		death occurred at_		om the causes		-	
	22a, SIGNATÚ		7	an	u ulat	death occorred at-	111, 11	Olis Die Gaoges		TE SIGNED	104 00001
	/10	1264122	63		M.D	ATTENDING KIK	MED. DIRECTOR	STAFF PHYS.	Dec.	10, 1	965
	22c. PHYSICIA NAME (T	(N'S Peter	Dinie	M D		22d. ADORESS 6124 Cen	tral A	ve. Capi	tol He	eights	. Md.
224	BIIDIAL COEN			, 23c. NAME OF CEN	AFT EDV			OCATION (CIty, to			(State)
236	REMOVAL (Sp	ATION, 23b. OATE 12-13	= 35			Cemeterv		itland		iarylai	1
Ή.	. FUNERAL DIRE			ADDRESS	- 4 4		C'D BY REGI			_	
		neral Home	4308	Smitland Rd	Sui	tland DEC		365 /	iarles	SSIGNATUR	_
40 5								1 4/		44	

VR A15 (4) 15M 4-64



TO NOSTITAL OR ATTEMBING PAYSICIAN. The law requires that the death contificater describe executed within 24 hours after heath. Page 4 may be retained by the hospital or attending physician. TO FUNERIL DIRECTOR. After this certificate has been signed by the attending procise and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Them please remove carbon paners. Funes Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICA CERTIFICATE OF DEATH

	MARYLAND STATE DEPARTMENT OF HEALTH	
L	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
		6 . 8

	TOUCH	G ^a	Thom f	40. できる 気ではな クラ		COS NO					O	5
1.	PLACE OF DEATI	H				2. USUAL RESIDENC		leceased lived, If in	stitution: R	esidence	before ad	lmission)
	Prince	Georges		MARYLA	ND	a STATE Mary	yland	B. COU	Princ	e Ge	orge	es
	b. CITY OR TOW	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY I	N 15	c. CITY OR TOWN (If	outside co	orporate limits, wi	ite RURAL	and gly	e neares	t town)
	Riverd		'''')			Riverda:	le					
	d. NAME OF HOS	SPITAL OR INSTITUTION	DN (If not In	hospital, give street add	ress)	d. STREET AODRESS				8	. IS RES	
		Leland Me	morial	Hospital		4503 01:				Y	ES 🔼	NO 🗌
3.	NAME DF OECEASEO	F	rst	Middle		Last	4. DATE	E Mont		Oay	Yea	ır
	(Type or print)	Ethe	1			Railton	DEAT	M Decembe		28,	19	
5.	SEX	6. COLOR OR RACE	7. MARRII	EO 🔲 NEVER MARRIEO	고 8	DATE OF BIRTH	18	 AGE (In years last birthday) 	Months I	I YEAR Days	Hours	24 HRS.
	Female	White	Miponi			3-10-1878		/8/487 yrs.	!!			
1Da	USUAL OCCUPAT	10N (Give kind of work ing life, even if retire	done 10b.	KINO OF BUSINESS OR INCUSTRY		11. BIRTHPLACE (Co	unty & Stat	te, er foreign countr	() 12. C	TIZEN	OF WHAT	
			"			Scotla	nd.			SA		
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME					
	Rober	t Ballinga	l Rail	lton		Fleming	g. De	thia				
15	. WAS OECEASED	EVER IN U.S. ARMED FO	PRCES? 1	6. SOCIAL SECURITY NO.	17.	INFORMANT	200	Addre	SS			
(II	es, 170, or unkown)	(IT yes give war or gates o	It setatice)			Medical Red	n Omd					
	18. CAUSE DF	OEATH [Enter only on	e cause pe	r line for (a), (b), and (c).	1	TICALVAL TIC	ooi u			INTE	RVAL BET	TWEEN
		ATH WAS CAUSED BY	':			REBROVASC	1/LAR	ACCID	CNT	ONS	WEE	DEATH YC
	· 5	IMMEDIATE CAUSE					0 0/1/0				-9-6	August .
	Conditions, If	DUE	10	C. EN. X	1R7	GRIOS CLE	PARI	r		UNA	NOW	W
	gave rise to	immediate /	(b)		1.01	0.003000	1,003 (1		-		
	cause (a), si	tating the \ OUE	TO									
Z	underlying caus		(c)	BUTING TO DEATH BUT NO	TOPEAT	ED TO THE TERMINAL O	INFARE DO	NOTE ON CUER IN	DADT 1/a)	119.	WAS AU	TOPSY
SATIC	PARTITIONER'S	SIGNIFICANT CONOTTO	DIAZEONIKI	BOTTING TO DENTIL BOTTING	I KELAI	IED TO THE TERMINAL O	ISEASE CO	MOILIOM GLAEN IN	PARTI(a)	YE:	PERFOR	
Ĕ	2Da. ACCIDENT	WAS UNCERLYING	20b.	DESCRIBE HOW INJURY	occur	REO. (Enter nature of	Infury in	Part I or Part II o	of Item 18.	1	<u>' L.J.</u>	110 4
CERTIFICATION	OR CONTRIBUTI	WAS UNCERLYING DING CAUSE OF CEATIFY MECICAL EXAMI	TH NER)		00001	tite of true true of	11,501,5 110	, , , ,		*		
CAL		INJURY Month, Oay,	Year 2Dd	. INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, fa	rm, 2Df.	(City or town)	(Cou	inty)	(9	state)
MEDICAL	Hour a.r		Whi at w		Tactor	y, street, onice blog., et	(6.)					
	21. I certif	y that (I) (this hos	pital) atte	nded the deceased fro	H	3 DEC. , 19	165 , to	,28 D€c.	, 19_6	🛴, th	at (I) (v	ve) last
	saw the de	ceased alive on	27 D	EC. 19 65, and	that	death occurred at 7	2 A.M. 1	from the causes				above.
	22a. SIGNATUI	RE 7	1/	,		ATTENDING /	45h	CTAFE	22b. 0		F .	31.
		L. 1.7	Tolle	usun	M.O.	PHYS.	MED. DIRECTOR	STAFF PHYS.	28	DEC	, 17	63
	22c. PHYSICIA NAME (T)	rnel	1			22d. AODRESS						
_		C. J. Hou	mann,	M. D.		LiliOh Quee	nsbur	y Road, I	liverd	lale	. Md.	•
238	BURIAL, CREM		THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. i	LOCATION (City, t	DWII OF COL	unty)	(St	ate)
	Cremati	on Dec 28	, 196		ln (Crematory	1	lmar Man	7			
24	. FUNERAL OIRE			AOORESS	7		D BY REG	0.00	EGISTRAR'			_
	F. Gas	sch's Sons	Hya	ttsville, M	1.	DEC	30 1	1965	ionle	Ju	dge	

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CDUNTY bo COUNTY ve carbon papers. Pages 1 event, within 72 hours after MARYLAND Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TOWN (If outside corporate Ilmite, C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Mt.Rainier completely filled in d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X 31 st NO L suted within NAME DF First DATE Month Day Last 4. DECFASED (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS and in any eve 6. CDLOR 8. DATE OF BIRTH AGE (In years 7. MARRIED [7] MEVER MARRIED Months Days Hours WIDOWED DIVORCED 10a, USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY attending physical ermit. Then please Housewife Hollywood, Md. death certificate FUNERAL DIRECTOR: After this certificate has been signed by the attending phy lirector, page 3 should be detached for use as the burial-transit permit. Then ploud be filed with the State Dept. of Health prior to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME George W. Latham Annie Burroughs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) J. Russell Rice (above address Mr. No Husband INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attenting physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which rise to immediate DUE TO cause (a), stating the underlying cause last. (C) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While at work Not While at work 19 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on <u>'M, from the causes and on the date stated above.</u> 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING M.D. PHYS. DIRECTOR ADDRESS PHYSICIAN'S 22d. director, p should be 1 NAME (Type) OF CEMETERY OR CREMATORY **LOCATION** (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Lincoln Manor -Cem Colmar IGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. Rainier 1965 Funeral Home VR A15 (4) Maryland 15M 4-64

* R

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0

O_B

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	18888			CERTIF	ICATE	OF DEATH	· ·	ĺ	(1)	69
ì.	PLACE DF DEATI a. COUNTY	1				2. USUAL RESIDENCE	E (Where deceased liv	red, If institution: b. COUNTY	Residence before a	dmission)
	Prince	Georges		MAR	YLAND				roes	
	b. CITY OR TOW write RURAL	Georges N ut Liside corpora and give nearest tow	te limits, (c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (IF	outside corporate I	imits, write RUR	At and give neare:	st town)
	Riverda	Le				Hyattsvi	776.			
	d. NAME OF HO	PITAL OR INSTITUTION	IN (If not in hos	pital, give street	address)	d. STREET ADDRESS			e. IS RES	IDENCE FARM?
		Leland Memo		pital		/ 4217 Jef	ferson St	reet		
	NAME DF DECEASED	F	Irst	Middle		Last	4. DATE DF	Month	Day Ye.	
	(Type or print)	Ray		Plymptor	1	Ridley DATE OF BIRTH	DEATH	12/ 9		65_
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8		9. AGE (I	n years IFUND Irthday) Month:	ER 1 YEAR IF UNDE	Min.
	Male	White	WIDOWED	DIVORC		8/3/15	50	yrs.	1	
iva. durl	ng most of work	ION (Give kind of work ng life, even if retire	done 100. KIN	D OF BUSINESS O USTRY)R	11, BIRTHPLACE (Co		in country) 12.	CITIZEN OF WHAT COUNTRY?	
- 4		anic	Auto	omobile		Maryland 14. MOTHER'S MAID			USA	
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME			
R	idley. V	inton					Floren	ce		
15. (Yes	WAS DECEASED I	VER IN U.S. ARMED FO	RCES? 16. SC	CIALSECURITY		INFORMANT		Address		
, , ,	no	(11) La gove near in water 1			13	Kedecal	Record	,		
ī	18. CAUSE OF	DEATH [Enter only on	e cause per line	for (a), (b), and	(c).1	· · · · · · · · · · · · · · · · · · ·			INTERVAL BE	
-	PART I. DE	ATH WAS CAUSED BY	1						ONSET AND	DEATH
1	11 "	IMMEDIATE CAUSE		2 / 2 - 1					1 100	
-	Cenditions, If	DUE any, which \	10	SONGH	OCEN	11 CARO	INOMA		16 MO	
1	gave rise to	immediate ((b)							
-	cause (a), si underlying caus									
5			(c)	NG TO DEATH RUI	NOTRELA	TED TO THE TERMINAL D	USEASE CONDITION (CIVEN IN PART 10	a) 119, WAS AL	TOPSY
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			3110 03111110071	THE PERSON OF TH	HOT HELL	TED TO THE PERSONNEL		211211111111111	PERFOR	MED?
	ODA ACCIDENT	WAS UNDERLYING	20b. DE	PODIDE HOW IN	LIDY ACCUS	RRED. (Enter nature of	Indiana la Dart I ar	Doet II of Itom	YES V	ио 🔲
CERT	OR CONTRIBUTI	NG CAUSE OF DEA	TH NER)	SCRIBE HOW INJ	UKT UCCU	KKED. (Enter nature of	mory in Part 1 of	ratt II of Item	10.7	
╡╽	20c. TIME OF	NJURY Month, Day,	Year 20d. INJ	URY OCCURRED	20e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (City or	town) (C	ounty) (State)
	Hour a,r		While at work	Not While	factor	y, street, office bldg., e	lc.)			
_	21. I certif	y that (I) (this hos	oital) attended	the deceased	from /	8 AUG . 1	965 to 4 2	ア <i>芒く</i> . 19	4 that (I) (we) last
١		ceased alive on	4 DEC	19 65	and that	death occurred at	M, from the	causes and or	the date stated	above.
- 1	22a. SIGNATU	RE ()	11						DATE SIGNED	0.4
-		C- 1-	Houn	aun	M.D.	. PHYS. 🖳	MED. DIRECTOR PHY	rs. 🔲 /	O DEC (965
	22c. PHYSICIA NAME (T)	N'S	HOUME	en N		22d. ADDRESS	11/=0>	14	7	
			1				IVERNALO		<i>M</i> -	
23a.	BURIAL, CREN	ATION, 23b. DATE				OR CREMATORY	23d. LOCATION	,		tate)
	Burial	nec 1	3, 1965		coln	Cemetery	Colmar	Manor,	Pld.	
24.			(1	ADDRESS	242		D'D BY REGISTRAR			
	r'. Gas	ch's Sons	nyatts	sville,	Md.	DEC	1 6 1965	2 cross	er Judge	

VR AI5 (4) 20M 1/65



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 thours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Lages 12, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS: Fage 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15889 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	rince Ge	reals					sidence before edmission)
	same as		707 50 0	MARYLAND	•. STATE Marvlar		COUNTY	Coorgola
-	b. CITY OR TOWN III	outside corporate limit	e. LEN	GTH OF STAY IN 16	c. CITY OR TOWN	III outsida eorporete limit	ts, write RURAL and	George s
	Universi	give nearest town)						
	d. NAME OF HOSPITA	AL OR INSTITUTION (ii	not in hospital, give	a street address:	d. STREET ADDRESS	sity Park		l e. IS RESIDENCE
				and an oddinary	G. SIKEET ADDRESS			ON A FARM?
2	NAME OF	ome as in 2			- 4104 He	odberry Str	eet	YES NO X
3.	DECEASED		-	Middle	Lási	4. DATE	Month	Day Year
	(Type or print)			D	Riefkin	DEATH	Dec.	21 19 65
5.	SEX	6. COLOR OR RACE	7. MARRIED 😿 NE	VER MARRIED 8	DATE OF BIRTH	1 4 1 3 4	yeers IF UNDER TY	
	M	W	WIDOWED [DIVORCED [April 2, 19	103 last birt	yrs. Months D	ays Hours Min.
10	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	10b. KIND OF B	USINESS OR INDUSTR	Y 11. BIRTHPLACE (Stale	or foreign eountry)	12. CITIZ	EN OF WHAT COUNTRY?
-	SALESMA	AN THE STATE OF TH	MANAGEMI	ENT ENGINEER	HWC.	KENTUCKY		110
13.	JATHER'S NAME		201-111-11		14. MOTHER'S MAIDEN			V. S
	1SAAC	RIEF	KIN			UKOWSKY		
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	ES? 16. SOCIAL	SECURITY NO. 17.				0.0.44
(1)	s, no, or unkown] [if]	yesgive weror detectfae	rvice)	28806 4	DOROTHY B.	RIEFKIN "	SAME	AS#2
-	YY O	ATH [Enter only one	17 - 7					
П		WAS CAUSED BY,						INTERVAL BETWEEN ONSET AND DEATH
П		MMEDIATE CAUSE (+)_	Pulmon	ary infarc	t			ONSET AND DEATH
	4137	DUE TO			4			
	Conditions, if any,	which \ (b)	Pulmon	ary embolu	IS			3 weeks
	gave rise to Immediat	BALL TO						
	(a), stating the un-	derlying (c)	Thromb	ophlebitis	of legs	'		4 weeks
z					T RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN BART 1	
B			In all Phin secure				THE THE TAKE I	PERFORMED?
CERTIFICATION	20a. EXTERNAL CAL	ISE WAS 1 20	A DESCRIBE HOW	INITION OCCUPATE	12.			YES NO 1
ERT	PRIMARY OF CON		DESCRIBE HOW	INJURY OCCURRED.	(Enter neture of injury in I	rant I of Peri II of Item 15	•)	
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year			CE OF INJURY (Home, fern ory, street, office bidg., etc.		(County	y) (State)
WE	P. m.	19	el work el					
	21. I certify tha	it I took charge of	the remains de	scribed above, he	ld an Autopsy X.	Inspection X,	nquiry 2,	and in my opinion
	death resulted from	om: Natural cat	ses 🔀 Acci	de/ht , Suici	de . Homicide	Undetermin	ed manner	
		n /	12	/	CHIEF MEDICAL			
	ACTUAL	112/2	11111	~~	ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
	SIGNATURE	79 9 101	1		M.D.			12-22-65
	EXAMINER'S NAME (Type)	J o hn Kehoe,	M.D.		Riverdal	EXAMINER TO STATE OF THE STATE		
221	BURIAL, CREMATION	226. DATE THEREC	F 22c. NA	ME OF CEMETERY OF	CREMATORY	22d. LOCATION (City,	, lown, or county)	[State]
10	REMOVAL (Specify)	12-22-1	910x FT.	LINCOLN		Markey markey in the contract of	1 4	CLAND
23	FUNERAL DIRECTOR	1, ~	- ADD	RESS A	1. 24a BEC		REGISTRAR'S SIGN	7
1		ambers ?	00- (TIN	erdale. 4	10			
F.	77.07.07.7	T. T. Colopea C	- 0000		1077 LiterC	<u> 28 19651 /</u>	Charles &	moge.
/						U	77	



NAME OF CEMETERY OR CREMATORY

ADDRESS

Codar Hill Crematory

BURIAL, CREMATION, 1 23b. DATE THEREDE

Dec.

2-1965

1661-Good Hope Rd SE

REMOVAL (Specify)

Cromation

Bros

24. FUNERAL DIRECTOR

e. IS RESIDENCE

YES

Day

COUNTRY?

lst

ON A FARM?

Year

1965

Hours i

INTERVAL BETWEEN

WAS AUTDPSY

PERFORMED?

NO W

(State)

Muedre

YES |

DATE SIGNED

Maryland

liantes Judge

LOCATION (City, town or county)

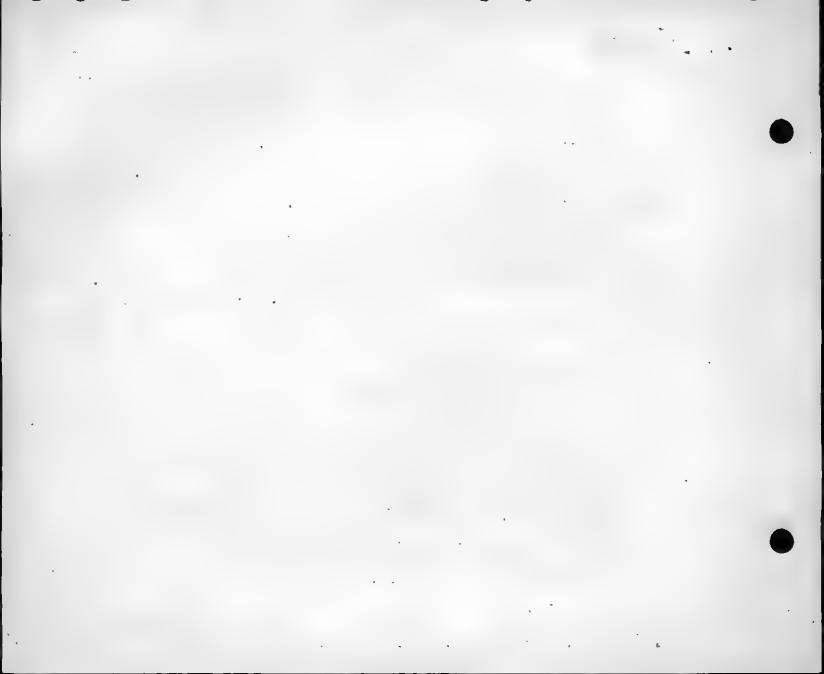
Suitland

1965

25a. REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

ND 🗆

VR AI5 (4) 20M 1/65



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be made and the state ment of the prior to burial, crimation, mr removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	OCU.								n 197 8	8 64	
1. PLAC	CE DE DEATI	H			1		E (Where	deceased lived, If inst		sidence before	admission)
		George's		MARYL	AND	a. STATE Maryland		b. coun Pri		eorge 's	1
b. C	ITY OR TOW	N (If outside corporate lin	iits, c.	LENGTH OF STAY	IN 1b	C. CITY OR TOWN (If	outside c	orporate limits, wri	te RURAL a	and give near	st town)
-	heverl	-	8	days		/ Fairmont	Heigh	nts			
d. N	NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospif		dress)	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
P	rince	George's Gene	ral Ho	spital		5800 L. S	treet	, N. E.		YES T	
	RE DF	First		Middle		Last	4. DAT	E Month		Day Y	ear
(Typ	e or print)	Rosa				Robertson	DEA	20000			65
5. SEX		6. COLOR OR RACE 7. N	ARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthday)	Months 1	Davs Hours	
Fema	le	Negro w	DOWED AND	DIVORCED		eb. 28, 188	35	80 yrs.	Months	Jaya (10ki)	, latter
10a. USU	JAL OCCUPAT	IDN (Give kind of work done ing life, even if retired)	10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & Sta	ite, or foreign country) 12. CIT	TIZEN OF WHA	(T
July III & II	HOSE OF WORK	nig iito, cron ii teuteu)	THEO.	311/1		Md.			000	JILVIK 1 1	
13. FA	THER'S NAM	E				14. MOTHER'S MAID	EN NAME				
						Mary F.	Cole	ma n			
15. WAS	S DECEASED	EVER IN U.S. ARMED FORCES	? 16. SOC	IALSECURITY NO.	17.	INFORMANT		Addres	is		
(Yes, no,	or unkown)	(If yes give war or dates of servi	Ce)		Flo	rence Brow	7 3R.	same			
I 18.	CAUSE DE	DEATH [Enter only one cau	se per line f	or (a), (b), and (c)	1				i i	INTERVAL B	ETWEEN
		EATH WAS CAUSED BY:	-	- 7	**	P . 1	of .	0		ONSET AND	
	,	IMMEDIATE CAUSE (a)		ngloi	Ve	heart	Yuc	xure_		1 00 4	-
000	, /	DUE TO		,			1				
	e rise to	any, which (b)									
	ise (a), s								i		
	derlying caus		ONTO IDUTIN	O TO SEATH BUT N	OTOFLA	FED TO THE TERMINAL D	NOTACE OF	ONDITION CIVEN IN	DADT 1 (2)	119. WAS /	UTOPSY
E PAR	(III, UIMEK:	SIGNIFICANT CONDITIONS C	UNIKIBUTIN	GIUDEATHBUIN	UIKELA	LED TO THE LEXMINAL D	JISEASE CO	DIADLLION GIVEN IN	PARTIT(a)	PERFO	RMED?
[윤] 					75					YES	NO M
CERTIFICATION DE CONTROL ON DE	ACCIDENT CONTRIBUTI EITHER, NO	WAS UNDERLYING A ING ACCUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	injury in	Part 1 or Part II o	f item 18.)		
성 20c.		INJURY Month, Day, Year	20d. INJUI	RY OCCURRED 2	Os. PLAC	E OF INJURY (Home, fa	rm, 20f.	(City or town)	(Cour	ity)	(State)
MEDICAL 200	Hour a.i		While at work	Not While at work	Tactor	y, street, office bldg., et	tc.)				
		y that (V (this hospital)			om De	c. 18 19	9 65 t	Dec. 26	1965	that (I)	(we) last
		ceased alive on Dec.				death occurred at 5					
	. SIGNATU			= , ,	iid tiidt	00441 00001100 0124	рш	110111 2110 01111		TE SIGNED	
Н		traules	- 1 as	1000	M.D		MED. DIRECTOR	STAFF PHYS.	12/-	17 /60	
220						22d. ADDRESS	1	1 1	0	1101	1 hrs
	NAME (T	Frank (J.	Talbo	t, M.D.		14307 Bra	uch	Avela	Now	. Ardy	12/16
23a. B	URIAL, CREN	MATION, 23b. DATE THER ecify)	E0F 2	3c. NAME OF CE	METERY	OR CREMATORY	23d.	LOCATION (City, to	wn pr cou	nty) (State)
R	EMOVAL (Sp	12-30-	1965 1	armany	Me m	erial	76	01-she	rell	Rd	
24. FU	UNERAL DIRI			ADDRESS		25a. REC	C'D BY RE	1021	EGISTRAR'S	SSIGNATURE	
1 /	toFF	MAN FUN.	EKAL	- HOME Y	09-	- 1 AT DELEGE	30	1965 1960	ionity	Judge	
1	1					I WALL				U - V -	



TO HOSFITAL BRATTING PRYMINE The lam requirem that the duath certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending busican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

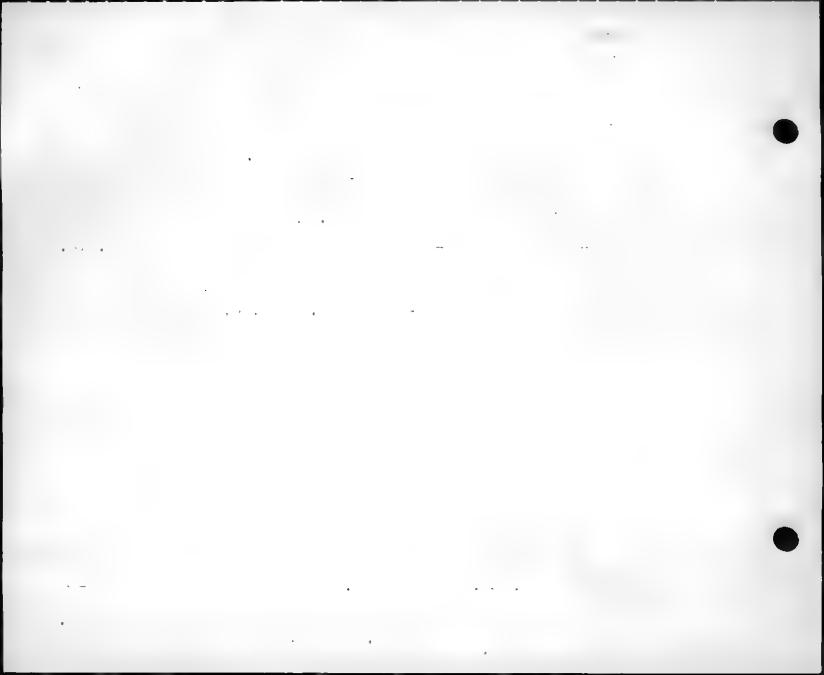
VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 8	20000	
1	1. PLACE OF DEATH 2. COUNTY 1. TURCE COTTES MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE December 2. County
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Switland 20 Months	washington
l	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1307 TO St. S.E. ON A FARM?
	Suitland Nursing Yome, Inc.	YES NO
	3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
	E SEV LC ONION ON DAME	enbauch DEATH Dec. 20 19 65 DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	9/90/1889 (Jast birthday) Months Days Hours Min.
ŀ	1Da. USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
1	during most of working life, even if retired) Contractor, Building	Cincinnatti, Ohio U.S.G.
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
١	Rodenbauah	
ľ	(Vac ma an unkawa) ((If me aire mer ar date of semica)	informant 41 (Address odland Circle
		chard Rodenbauch Tremishis, Jenn.
ı	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN DNSET AND DEATH
	IMMEDIATE CAUSE (a) UREMIA	
ı	Conditions, If any, which) DUE TD C. V. R. Disea	1.00
1	gave rise to Immediate (-)
1		SC eROS'S
ı	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
_	Dinhet's Nell	TUS NO NO
	B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
1	2 factor	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) y, street, office bidg., etc.)
	Hour a.m. p.m. 19 While Not While 14ctor	
	21. I certify that (I) this hospital attended the deceased from	1964, 19 to 12-29, 1965 that (1)-twe) last
	saw the deceased alive on 12/20/009, and that	death occurred at 2: OM from the causes and on the date stated above.
I	Be MD	ATTENDING - MED STAFF - 10/00//
	Zco Phrsician's	22d. ADDIVESS
١	v sevilara 3. saven, ili.	2645 naylor Rd., 3.2., Wash., D.C
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMOVAL (Specify) 10/01//5 00 1 21: 8 8	
	24. FUNERAL DIRECTOR ADDRESSO I	Cenetary Switland, il.d.
1	Wilhelm Funeral Home Juitland, in	INN C 1000 Prompte Outer
1	OWING TORIE CHOOCHEN, III	WE TOWNE O TOWN

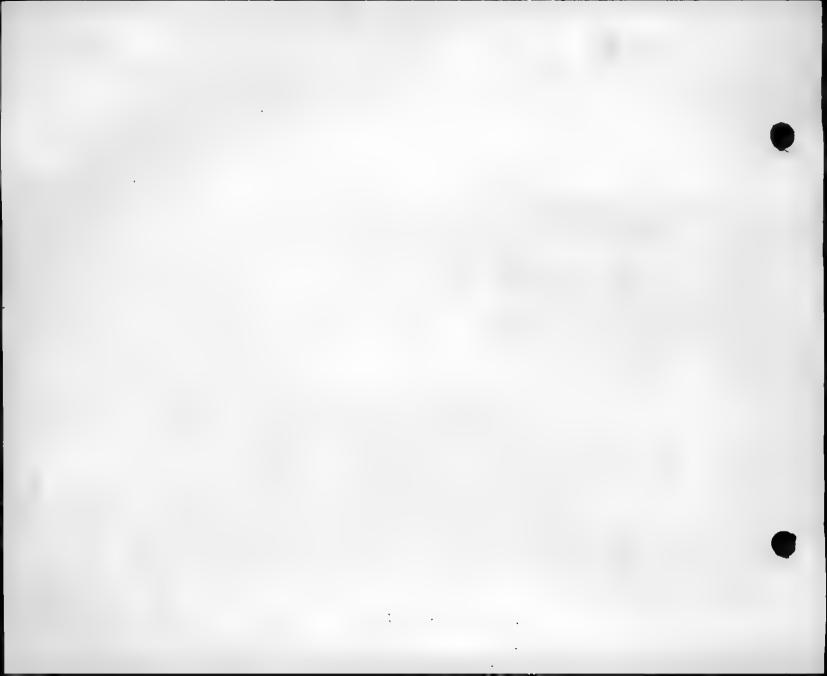


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY b. COUNTY 5 Prince George's MARYLAND Marvland Prince George's delay State Department b. CTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY N 16 c CITY OR TOWN (If autside corporate l.m.ts, write RURAL and give nearest tawn) puo after (Cheverly DOA Brentwood d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Prince George General Hospital in pencil in Item 18. Give Pages YES NO IX 3820 37th, Place This certificate shauld be executed within 24 hours after death with 3 NAME OF Middle 4. DATE Manth Rotherv DECEASED John (Type or print) Joseph DEATH ploop S. SEX AGE (In years 6 COLOR OR RACE NEVER MARRIED TE LINDER 24 FIRS 7 MARRIED DATE OF BIRTH last birthday) Manths Days Haurs WIDOWED DIVORCED Male White lond 2 1900 in ony event 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (State or foreign country) during most of working life, even if retured)
Seaman-Retired INDUSTRY COUNTRY? England d "pending" in pencil in Chief Medical Examiners 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME James Rotherv Catherine O'Connor 9 or removol, and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) [If yes give war or dates of service) 134-03-5932 Mrs. Eliz. M. Meek (above address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) Sister) INTERVAL BETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) please execute the certificate, writing the word burial, cremation, DUE TO Conditions, if any, which gave forwarded to rise to immediate cause (a), DUE TO stating the underlying couse O last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) NO IC pe agent, prior to should be 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 3 should PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bidg, etc.) Hour am While Not White FUNERAL DIRECTOR: Poge at work its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection oc. Inquiry [x] and in my opinian the funeral director. Natural causes 🗖 🐧 Accident death resulted from. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FO DEPUTY TO FUNERAL Health or i pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d LOCATION (City or Town) REMOVAL Specific Fort Lincoln Cemetery Colmar Manor, Md ADDRESS Mt Rainier Maryland 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Nalleyis VR A15ME (5) Home Inc. 6M 1766 Funeral

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 16896 PLACE OF DEATH after death. funeral destr USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. a. COUNTY b. COUNTY completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after Prince Georges Maryland Prince Georges MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Chapel Oaks Cheverly l4 davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince Georges General Hospital 5313 Addison St. YES ND Seprented within NAME OF First 4. DATE Month Day Year Middle Last DECEASED OF Ruffin DEATH 19 65 (Type or print) Jesse Ezra Dec. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS remove 7. MARRIED X NEVER MARRIED last birthday) please removal, and in any e Months Days Hours and DIVDRCED Male Negro WIDOWED 18 Sept. 1888 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT FUNERAL DIRECTOR: After this certificate has been signed by the attending physician rector, page 3 should be detached for use as the burial-transit permit. Then please rould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in during most of working life, even if retired) INDUSTRY COUNTRY? Retired Millen. Georgia 13. FATHER'S NAME MOTHER'S MAIDEN NAME that the death certifical 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes nive war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. acolas. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES [ND 😿 20a. ACCIDENT WAS UNDERLYING FI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 2Dd, INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 to./2-) 1960 5 21. I certify that (I) (this hospital) attended the deceased from 45 AM, from the causes and on the date stated above. and that fleath occurred & saw the deceased alive on-196 5 DATE SIGNED SIGNATURE 22b. 22a. ATTENDING PHYS. MED DIRECTOR PHYS. M.D. PHYSICIAN'S 22C. 22d. ADDRESS director, p (Type) 0 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 6 15M 4-64

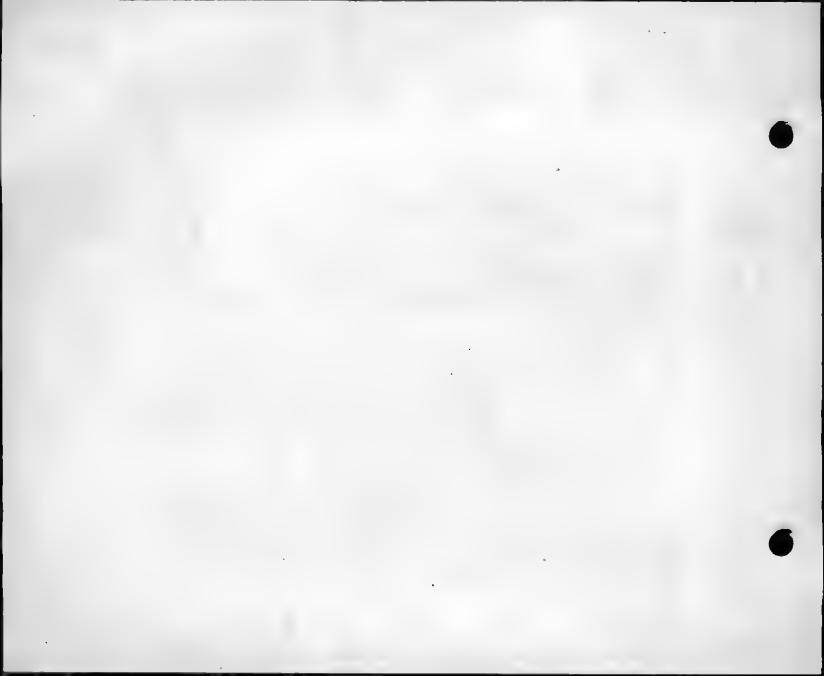


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 18848 OF DEATH CERTIFICATE npletely filled in by the funeral carbon papers. Pages 1 and 2 ant, within 72 hours after death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY b. COUNTY a. STATE hours after NCE DRGE MARYI AND PINCE b. CITY OR TOWN (if outside corporate limits, TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO PO 8 YES col be executed within completely 3. NAME DE Middle 4. DATE Month Day Year Last DECEASED DF DEATH event, 19 65 (Type or print) SFX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR гетоме Jast birthday) Months Davs Hours in any and WIDOWED DIVORCED IOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r INDUSTRY COUNTRY? TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and RPENTE WAD PHYSICIAN: The law requires that the death certificate EATHER'S NAME MOTHER'S MAIDEN NAME 98 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SILVER (Yes, no. or unknwn) (If yes give war or dates of service) 70 BOI OAKVIEL INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES -NO L 20a. ACCIDENT WAS UNDERLY ME OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING P While Not While at work at work p.m. 19 21. I certify that (1) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a, SIGNATURE DATE SIGNED 22b. director, page 3 should be filed v MED. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. Page 4 may TO HOSPITAL 22d. ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City, town or county BURIAL, CREMATION, SEMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) 10 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES 25b. REC'D BY REGISTRAR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Min.

15M 4-64



after death. PLACE OF DEATH a. COUNTY the 1. GEORGE PRINCE MARYLAND Pages ors after b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b papers. Pag GREENBEL I 24 hours GREENBELT .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 2 F. WESTWAY 2 F. WESTWAY event, within within completely carbon NAME DE First Middle DATE Last DECEASED RALPHJOHNSON ${ t RUSSELL}$ (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH remove 9. NEVER MARRIED any (and Nov. 10, 1896 MALE ${f WHITE}$ WIDOWED DIVORCED .≡ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)
INDUSTRY Equiptment

Construction

NEW YORK ician 10a. USUAL OCCUPATION (Give kind of work done) lease r and in during most of working life, even if retired) NEW YORK attending physic ermit. Then plea on, or removal, an death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM RUSSELL MARTHA ed by the attend transit permit. cremation, or ro 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT (Yes need unkown) (If yes give war or dates of service) 07 2879 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ted by ---PART I. DEATH WAS CAUSED BY: n signed | burial-tra IMMEDIATE CAUSE (a) attending physici Conditions, If any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. Tas as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) use for use Health certificate Gerrical Nullatalous on 2-16-61 hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for te Dept. of F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) State Dept. this MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a,m, After Not While þe at work at work 3 should with the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on. and that death occurred at 7-22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed w ATTENDING PHYS. MED.
DIRECTOR M.D. HISTIT PHYSICIAN'S 22c. ADDRESS 22d. NAME (Type) Hans Wodak, M. D.

23a. BURIAL, CREMATION, 23b. DATE THEREOF

12/9/65

Francis Gasch's Sons Hyattsville, Md.

Restlawn

ADDRESS

B CENOVAL (Specify)

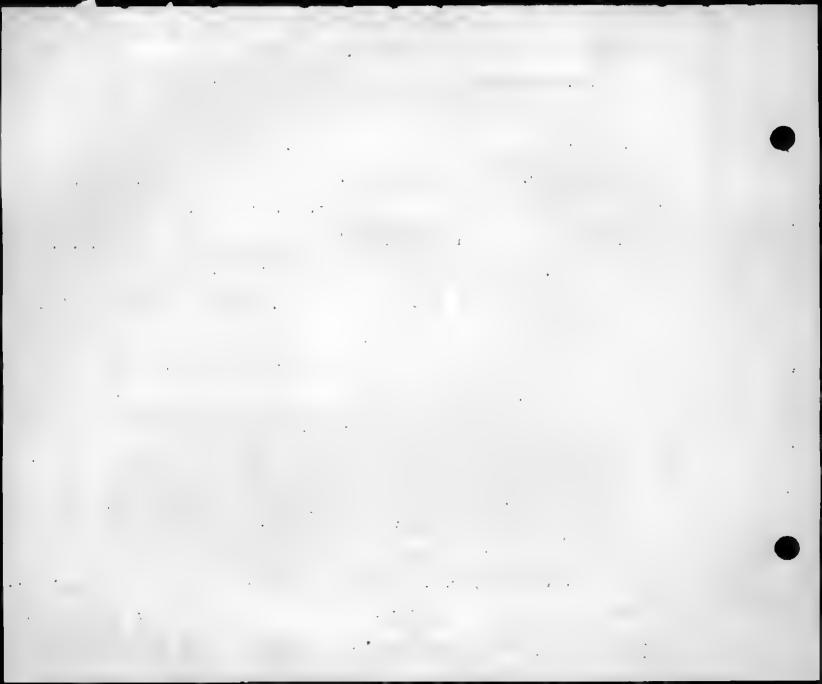
24. FUNERAL DIRECTOR

16836

MARYLAND STATE DEPARTMENT OF HEALTH

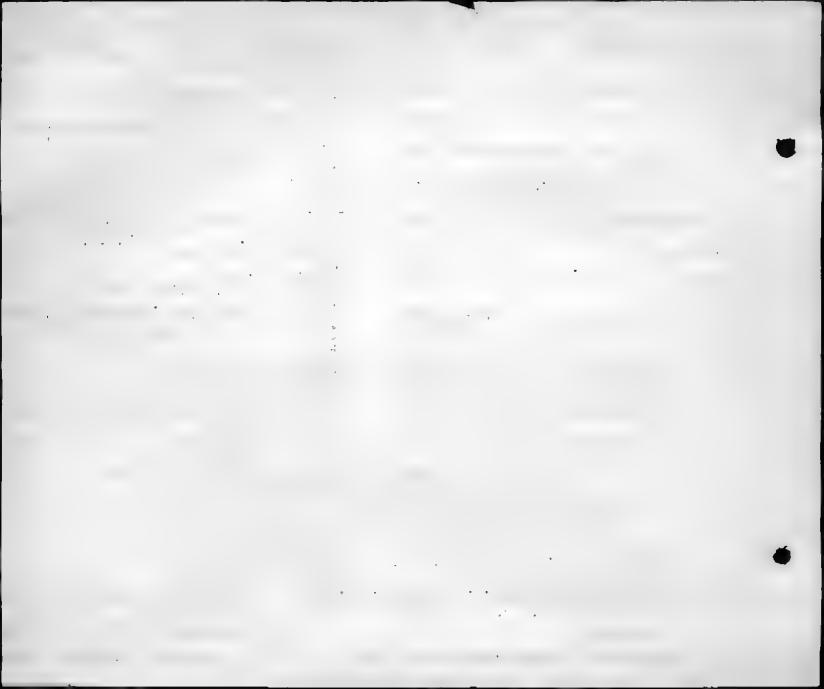
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND b. COUNTYPrince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO POK Month Year 65 Dec. 6. 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours 12. CITIZEN OF WHAT U.S.A. **JOHNSON** Address MABEL B. RUSSELL Same as (wife) INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO X YES T 20f. (City or town) (County) (State) AM, from the causes and on the date stated above. 22b. DATE SIGNED 12-6-19 STAFF PHYS. Professional Building, Greenbelt, Md. 23c. NAME OF CEMETERY OR BREINGROOM 23d. LOCATION (City, town or county) (State) Cash Valley Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

VR AIS (4) 20 M 1/65



Film G375MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN PLACE OF DEATH 2. USUAL RESIDENCE (Where doceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 3 to the funeral director, Page y be retained for your files. is necessary, Prince George s

b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Prince George's Department death, e. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) write RURAL and give necrest town) Cheverly Accokeek d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? after State YES NO Prince George General Hospital Stone_Foot 3. NAME OF 4. DATE Day Month OF (Type or print) DEATH 19 65 Trene Sager 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdoy) IO DEPUIX MEDICAL EXAMINER: This certificate should be executed within 24 hours after de please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 Arand 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 pm IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 mid 2 metally or its designated agent, prior to burial, cremation, or removal, and in any event within 7 Months WIDOWED 🗔 DIVORCED Female C)Vrs. 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dans during most of working life, even if refired) Tavern Harking Co. Ohio 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Emanuel A. Ogg Mary Wilson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (Ifyesgivewarordetesofservico) Howard Ogg Accokeek 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute pulmonary edema IMMEDIATE CAUSE (a) **DUE TO** Myocardial fibrosis d eny, which gove rise to Immediate cause DUE TO (e), stating the underlying Hypertensive arteriosclerotic heart disease. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 17 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Entor noture of injury in Pert 1 or Pert 11 of itom 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homo, form, Month, Day, Yoar 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔀 Inquiry and in my opinion death resulted from: Homicide | Natural Causes XX Accident (Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)
DN. | 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (C NAME (Typo) 22a, BURIAL, CREMATION, /22b. 22d. LOCATION (City, town, or county) Dec. 29.1965 Halteman Funeral Home Lancaster 23. FUNERAL DIRECTOS ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63



ш	PLACE OF DEATH		2. USUAL RESIDENCE (Where de	ceased lived, if Institution: Resident	se before admissio
L	Prince Georg	maryland			
	b. CITY OR TOWN (if outside corporate limit write RURAL and give neerest town)	E. LENGTH OF STAY IN 16			earest fown}
	Riverdale	DOA	Silver Spring	g // .	
	d. NAME OF HOSPITAL OR INSTITUTION (in	not in hospital, give street eddress)	d. STREET ADDRESS	/ wat	e. IS RESIDENC
١	Leland Nemorial	Unandtal	622 Silver Spri	ng Ave.	YES NO
1	NAME OF First DECEASED	Middle	Lasi 4. DATE	Month Day	Year
	(Type or print)	harles Thomas	Schrider, Speate	12	23 19 65
ŀ	. SEX 6. COLOR OR RACE	7. MARRIED X NEVER MARRIED		AGE (In years IF UNDER 1 YEAR	- 11
l	M W	WIDOWED DIVORCED	31 Jan.; 1905	lest birthday) Months Days	Hours Min.
	Do. USUAL OCCUPATION (Give hind of work	106, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign cour		F WHAT COUNTR
	lane during most of working life, even if retired Plumbing Contractor	Plumbing	Silver Spring May	wland 1150	
1	. FATHER'S NAME	1. Canala S. Carlos	Silver Snring, Man, 14. MOTHER'S MAIDEN NAME	yrona III	
	John Thomas Schrider		Clara Jane Kutchin		
-	. WAS DECEASED EVER IN U.S. ARMED FOR	CES7 16. SOCIAL SECURITY NO. 17.	INPORMANT	Address	
	(es, no, or unkown) (Ifyespive war or dates of se	entanti i	663 343	ver spring ven	0
-	18. CAUSE OF DEATH [Enter only one	cause per line for (e), (b), and (c).)	* Schrider Silver		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (m)	Heart failure			inutes
	1/2				LIIGUGO
	Gooditions & now which a	Occlusion of c	oronary artery		
1	Conditions, if any, which (b)_	000000000000000000000000000000000000000	or oring y ar our y		
	(a), stating the underlying DUE TO	Arterioselovet	ic heart disease	44.	.1
1.	cause last. (c)				nknown
1	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE C		PERFORMED?
13)	ES 🖟 NO 🖸
1 3	20s. EXTERNAL CAUSE WAS 20 PRIMARY □ or CONTRIBUTING □	DB. DESCRIBE HOW INJURY OCCURRED). (Enter neture of injury in Part I or Part II	of item 18.)	
The state of					
APPRING A SECTION					
			ACE OF INJURY (Home, ferm, 20f. (City story, street, office bldg., etc.)	or town) (County)	(State)
Distance of the Parket			ACE OF INURY (Home, form, 20f. City ctory, street, office bldg., etc.)	er town) (County)	(State)
		While Not While te	ctory, street, office bldg., etc.)		(State)
	20c. TIME OF INJURY Month, Day, Yee Hour e.m. p.m. 19	While Not While to at work at work the remains described above, h	eld an Autopsy X, Inspection		
	20c. TIME OF INJURY Month, Day, Yee Hour e.m. p.m. 19 21. I certify that I took charge of	While Not While at work at work the remains described above, h	eld an Autopsy X, Inspection	X. Inquiry X, and	
	20c. TIME OF INJURY Month, Day, Yee Hour e.m., p.m. 19 21. I certify that I took charge of death resulted from: Natural cal	While Not While at work at work the remains described above, h	eld an Autopsy X, Inspection cide . Homicide . Und CHIEF MEDICAL EXAMINER .	X. Inquiry X, and etermined manner	
	20c. TIME OF INJURY Month, Day, Yee Hour e.m. 19 21. I certify that I took charge of death resulted from: Natural cal	While Not While at work at work the remains described above, h	eld an Autopsy X, Inspection cide . Homicide . Und CHIEF MEDICAL EXAMINER . M.D. ASSISTANT MEDICAL EXAMINE	X. Inquiry X, and letermined manner	in my opinion
	20c. TIME OF INJURY Month, Day, Yee Hour e.m. p.m. 19 21. I certify that I took charge of death resulted from: Natural call signature.	while No! While to at work the remains described above, huses X. Accident Suite oe, M.D. Riverdo	eld an Autopsy X, Inspection cide	X. Inquiry X. and letermined manner D. R. D. L.	in my opinion
4 4 5 7 6 7 7	20c. TIME OF INJURY Month, Day, Yee Hour e.m. p.m. 19 21. I certify that I took charge of death resulted from: Natural call signature EXAMINER'S NAME (Type) 6. BURIAL, CREMATION, 276. DATE THEREC	while No! While to at work at work set work. I the remains described above, huses X. Accident Suite S	eld an Autopsy X, Inspection cide	X. Inquiry X. and letermined manner D. R. D. L.	in my opinion
100000000000000000000000000000000000000	20c. TIME OF INJURY Month, Day, Yee Hour e.m. p.m. 19 21. I certify that I took charge of death resulted from: Natural can signature EXAMINER'S NAME (Type) John Keh	while No! While to at work at work at work the remains described above, houses X. Accident Suite oe, M.D. Riverdoff 22c. NAME OF CEMETERY CO.	eld an Autopsy X. Inspection cide	X. Inquiry X. and letermined manner R D. R D. K 12 Ounty) ON (City, town, or county)	in my opinion ATE SIGNED 2-25-65
2	20c. TIME OF INJURY Month, Day, Yee Hour e.m. p.m. 19 21. I certify that I took charge of death resulted from: Natural call signature EXAMINER'S NAME (Type) BURIAL, CREMATION, 27b. DATE THEREC REMOVAL (Specify)	while Not While to at work Not While at work Not While the remains described above, houses Accident Suit Suit Not Not	eld an Autopsy X. Inspection cide	X. Inquiry X. and letermined manner D. R D. K 12	in my opinion ATE SIGNED 2-25-65 (Siete)



FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 may the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within thours after death.

VR A15ME 5M 1/63

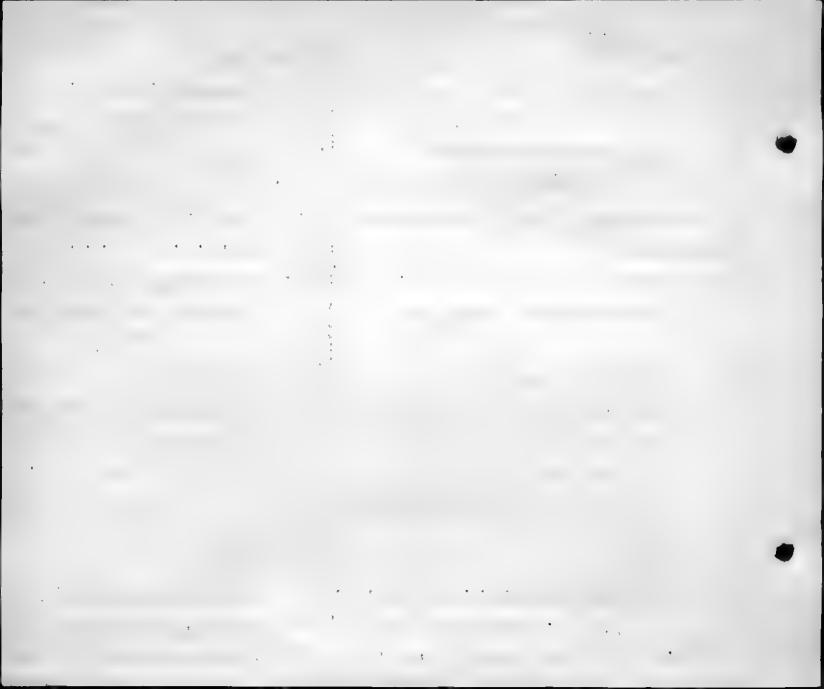
IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16899

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

d'	1. PLACE OF DEATH					Institution: Residence before admission)
		man Consenta	Www.	e, STATE	P. CON	
	b. CITY OR TOWN (if	nce George S f outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	Maryland		RATYS CO. e RURAL and give neerest town)
	write RURAL and	give nearest lown)				1 7
	Chever		DOA	California	3.	1
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7	Prince Ce	orge General Ho	spital	Rt.2 Box	273	YES NO
	3. NAME OF	First	Middle	Last	4. DATE Mont	
- 1	DECEASED (Type or print)	70.000 TO 100 TO	D - 1 (1)	.0	OF DEATH	0 07 10 65
	5. SEX	Philip 'n	Barton Sha	fer Jr.		2 27 19 65 HEUNDER 1 YEAR HE UNDER 24 HRS.
	4. 3PV	6. COLOR OR RACE 7. MARRIE		DATE OF SIKIN	last birthday)	Months Deys Hours Min.
	Male	White WIDOWI	D DIVORCED	11 Aug. 1954	J] yn.	
	10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	STUDEN	iT		WASHIN	GTON. D. C.	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
ı		PHILIP BARTON S	HAFER Sp.	LOUISE I	DOCCOA ALL	
ı	15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO., 17. I	NFORMANT	Address	5
ı	(Yes, no, or unkown) (H	yat give we ror detesofservice)				
	LIA CALLER OF D	EATH Enter only one cause per	M(THER SAME	AS # 2 ABOVE	I INTERVAL BETWEEN
-	1	WAS CAUSED BY	interior (a), (b), and (c)-)			ONSET AND DEATH
-1	110000	MMEDIATE CAUSE (+) Gun	shot wound of	head		
	91.11	BUE TO				
Н	Conditions, if any	, which \ (b)				
	geva rise lo immedia	DUIT TO				
	(a), stating the ur	Toanying				
		SIGNIFICANT CONDITIONS COL	STRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	ZEN IN PART I(a) 19. WAS AUTOPSY
	2	3.01(11)(3,11)				PERFORMED?
	5					YES NO X
-1	PART II. OTHER 206. EXTERNAL CA PRIMARY 1 or CO CAUSE OF DEATH.		RIBE HOW INJURY OCCURRED.	(Enter nature of injury In F	Pert I or Part II of Item 18.)	
	-		n back vard of	home by acc	idental discha	rge of shotgun.
	3 20c. TIME OF INJUI	RY Month, Day, Yeer 20d.	INJURY OCCURRED 200, PLA	CE OF INJURY (Home, ferr	n, ! 20f. (City or town)	(County) (State)
	20c. TIME OF INJUING Hour a.m.	12-27- 1965 While	Not While Rack	ory, street, office bidg., atc	Some of 110	
	7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	_	at I took charge of the ren			Inspection X Inqui	
	death resulted for	rom: Natural causes [Accident by Suici	de, Homicide	Undetermined n	nanner
		1 // /	19 /	CHIEF MEDICAL	EXAMINER .	
	ACTUAL SIGNATURE	Holin /	1 store	M,D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
	EXAMINER'S			DEPUTY MEDICA	L EXAMINER	
٠,	NAME (Type)	John Kehoe, M.D	. Riverdale, M	d . Address (Street,	city, lown, or county)	12-28-65
		N. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, low)	n, or county) (State)
)	BURIAL (/ DEC.29,1965	TRINITY MEMORI		WALDORF.	MARYLAND
1	23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 246. REG	GISTRAR'S SIGNATURE
7	W.CLARKE MA	TTINGLEY LEONAL	ROTOWN, MARYLAN	D DEC	30 1965 800	ranles Judge



李

If any delay is necessary,

FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pendin in lear 18. Give Pages 1, 2, ansisted in functed director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 play be related for your files.

OFUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 1 within 12 fours after death.

VR A15ME

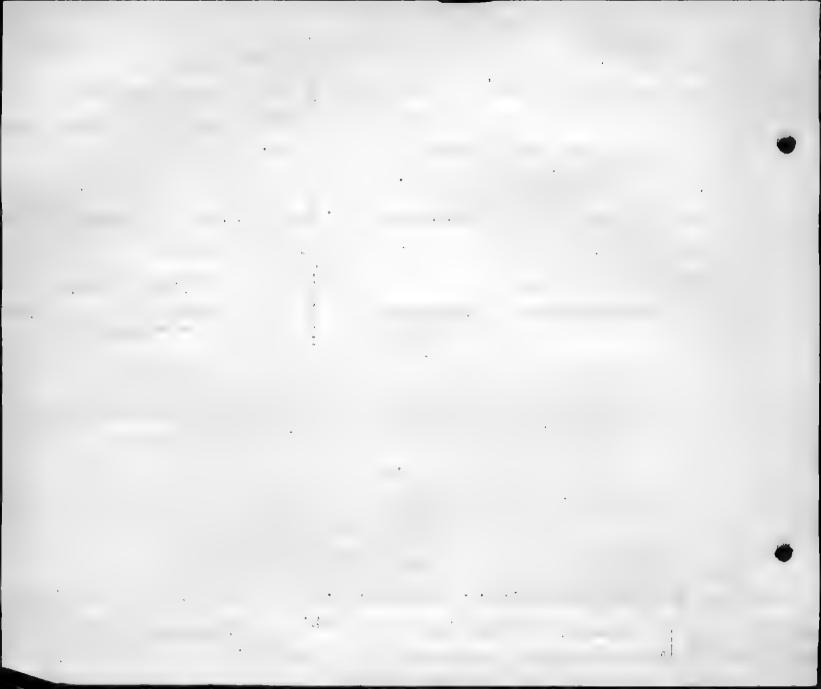
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR

16400 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

100	7412	PIGME	FAC-CAMILIER.	o centilities	CIL OF	DEM 111			- 31	
I. PLACE OF I	DEATH			2. USUAL RESIDEN	ICE (Where dec	eesed lived, If	institution: R	asiden ça	before e	dinissio
a. COUNTY				e. STATE		b. COUN	ITY			
A CITY OF T	Prince Georg	ze¹s	MARYLAND	Maryland		Princ	e Geo	rgel	S	
Write RUR	OWN (if outside corporate limit AL and give necrest town)	S, C.	LENGTH OF STAY IN 16	c. CITY OF TOWN	(if outside eorpo	rala limits, writi	RURAL and	OJAe un	erest tow	n)
	verly		l week	X Hillside						
d. NAME OF	HOSPITAL OR INSTITUTION (i	f not in hospitel,	giva straet eddress)	d. STREET ADDRESS				Ī	e. 15 RE	
Prince	George General	Hoenit	- a l	834 52nd.	Azzanza				YES T	A FARM
3. NAME OF	Find	r Trospre	Middle	lasi	Avenue	Mont		Day	Year	
DECEASED (Type or print)	1 186 .				OF DEATH			/		
5. SEX	1,177,111,17.G		F.	Shaw	1	12		14_		65
3. 3EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)			F UNDER	
Female	White	WIDOWED 2	DIVORCED [Feb. 1885		80 yrs.	Months [λeγs	Hours	Min.
10a. USUAL OC	CUPATION (Give kind of work	IOb. KIND		RY 11. BIRTHPLACE (Slete	or foreign sour	itry)	12. CITI	ZEN OF	WHAT C	OUNTE
11	of working life, avan if retired	11/1/		011. +	11		17	/	P. de	
13. FATHER'S N		- cee	sieme	14. MOTHER'S MAIDEN	NAME	ull.	02		·ac	-
011	, V			D.	Trong !					
anker	man-			Unkaro	200-					
	SED EVER IN U.S. ARMED FOR wn) (If yes give wer or detection		IAL SECURITY NO. 17.	INFORMANT		Address				
		,								
19. CAUSE	E OF DEATH Enter only one	sause par lina fe	or (e), (b), end (c).)		1				RVAL BET	
PART I.	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Candian	tomponedo					ONS	ET AND D	HTABL
17								-	_	
7 .			of myocard							
	If eny, which (b)_immediate cause	From my	ocardial in	<u> [arction</u>						
	the underlying DUE TO									
cause last.	(c)									
Z PART II.	OTHER SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	ENINPART	1(a) 19.	WASA	UTOPS
§ 5.4	racture of left								PERFO	RMED?
20- EVIERA	NAL CAUSE WAS 2	ob Bacana	s and Terr	Caulus - One	week		-	FE	5 X	ио [
PRIMARY [or CONTRIBUTING 🗺			, tenier nature of injury in	ren or ran c	r trem to.j				
		Fell at	home.							
20c. TIME O				ACE OF INJURY (Home, farm tory, street, office bldg., etc	n, 201, (City	or town)	(Coun	ty)		(Stete)
noon	30 0	While		Home	-	as #2				
	ify that I took charge of		77		Inspection		v 🔝	and i	n my or	ololoo
							- (2.2)	and ii	i iny of	HOH
Gealli Lezu	ulted from: Natural ca	uses [],	Accident X, Shic	ide, Homicide		etermined m	anner			
	1		M	CHIEF MEDICAL	EXAMINER [
ACTUAL SIGNATUI	RE	m	101	M.D. ASSISTANT MED	ICAL EXAMINE	₹ 🔲		DA	TE SIG	NED
EXAMINE	are		/	DEPUTY MEDICA	L EXAMINER	1				
A - W		_M.D	Riverdale	Md _ Address (Street,	city, town, or co	unity)		12~1	6-65	,
220 BURIAL GRE	MATION, 226. DATE THERE	22c.	NAME OF CEMETERY O	Md Address (Street,	22d. LOCATIO	ON City, Iown	or county)		(Sjate	
REMOVAL (S	1 19 16.1	5 2	1. 1. L	125-1	1 - 1	4- 1	120	-		1
23. FUNERAL DI		100	ADDRESS	240 PEC	OF COLL	ARIZAL PER	STRAR'S SIG	NATIO	leve	6/
Contract of		71 -	to 1	/ /C DEC		0.011	anda	Jan 1	42	
w.w.	Mambers a	. Unc. 5	17-11-18	LAY C. BATE	27 196	0 /	7	1-7	1	



ed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after leadth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEAT a. COUNTY	Н		***************************************		2. USUAL RESIDENC	E (Where	deceased lived, 1f In b. COU		esidence before admiss
Prince	George's		MARYL	AND	Maryla	nd	_		Gepree's
b. CITY OR TOV	YN (if outside corporate L and give nearest town)	limits, c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside c	orporate limits, w	rite RURAL	and give nearest to
Chever	_		12 days		Y Mitche	llvil	le		
d. NAME OF HO	SPITAL OR INSTITUTION			dress)	d. STREET ADDRESS				e. IS RESIDEN
Prince	George's Ger	neral H	ospital		Queen	Ann R	load		YES NO
3. NAME DF DECEASED	Firs		Middle		Last	4. DAT	E Mont	,h	Day Year
(Type or print)	Mars	hall	Berns	ard	Smith	DEA			29 19 65
5. SEX		. MARRIED 🎘	NEVER MARRIED	1 11 1	. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR IF UNDER 24
Male	White	WIDOWED	OIVORCED	司持	SXXXXXXXX	20.3	ast birthday)	Months	Oays Hours M
10a, USUAL OCCUPA	TION (Give kind of work do	nel 10b. KIND			11. BIRTHPLACE (Co	ounty & Sta		y) 12. CI	TIZEN OF WHAT
during most of world	king life, even libetired) O Farming	OWI	ustry 1 Farm		Maryland	1			OUNTRY?
13. FATHER'S NAM				-	14. MOTHER'S MAIO				S. A.
	m Francis	Smith.			Laura Pe				
	EVER IN U.S. ARMED FOR		CIAL SECURITY NO.	1 17	INFORMANT	,112	Addre	100	
(Yes, no, or unkown)	(If yes give war or dates of s	ervice)	CIAL SECURITY NO.			17 - 0	C.	ame a	as Items
No				A,	gnes Louel	TTR 5	Smit Cii-		
	DEATH [Enter only one	cause per line	for (a), (b), and (c).	.]		2 .			INTERVAL BETWE
PART I. 0	EATH WAS CAUSED BY: IMMEDIATE CAUSE (2)	Pu	Lucy	La-	my - los	Lenn			011321 71110 0271
1 420									
Cenditions, If									
gave rise to	Immediate (_		/)	1	Λ		
cause (a), s	reading the	and	lucal	len	oling he	ento	desso	بن	
PART II. OTHER	SIGNIFICANT CONDITION	SCONTRIBUTI	NG TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE CO	ONDITION GIVEN IN	PART 1(a)	19. WAS AUTOP
2 /4	essa tic	Co	via,	Y	Micon	- 36 C	ريورويات	V	YES NO
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DEATH TING CAUSE OF DEATH OTIFY MEDICAL EXAMINE	20b. DES	CRIBE HOW INJUR	Y OCCU	RREO. (Enter nature of	injury in	Part or Part	of Item 18.)
		1							
S 20c. TIME OF Hour a.	INJURY Month, Day, Ye	1		De. PLAC factor	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. tc.)	(City or town)	(Cou	nty) (State
1 100 1	.m. 19	at work	Not While at work		., ,				
	fy that fly (this hospit	al) attended	the deceased fro	ın De	c. 17	9.65 t	Dec. 29	19_6	5, that (i) (we)
saw the de	ceased alive onD	ec. 29			death occurred \$2				
22a. SIGNATU		11				Pm			ATE SIGNED
1 1	CN Y	Lang	eur.	_ M.O	ATTENOING	MED. DIRECTOR	STAFF PHYS.	Dec	. 29, 1965
22c. PHYSICI	AN'S			- mio	22d. ADDRESS			, DCC	. 23, 1303
NAME (1	ype) Don B. C	ameron,	M.D.		, 3503 Perr	y St.	Mt. Rain	nier,	Md.
23a. BURIAL, CRES	MATION, 23b. DATE TH	EREOF 2	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (City, t	own or cou	inty) (State)
Burial	1/1/66		St. Marv	1g	Cath Com.	Ar	napolis	. 1	Md.
24. FUNERAL DIR			ADORESS			O'D BY REC			S SIGNATURE
Ritchie	Bros. Upp	or Mai	rlboro,	Md.	DAMEN	10 19	966 ML	world	Judge
									17

VR AI5 (4) 20M 1/65

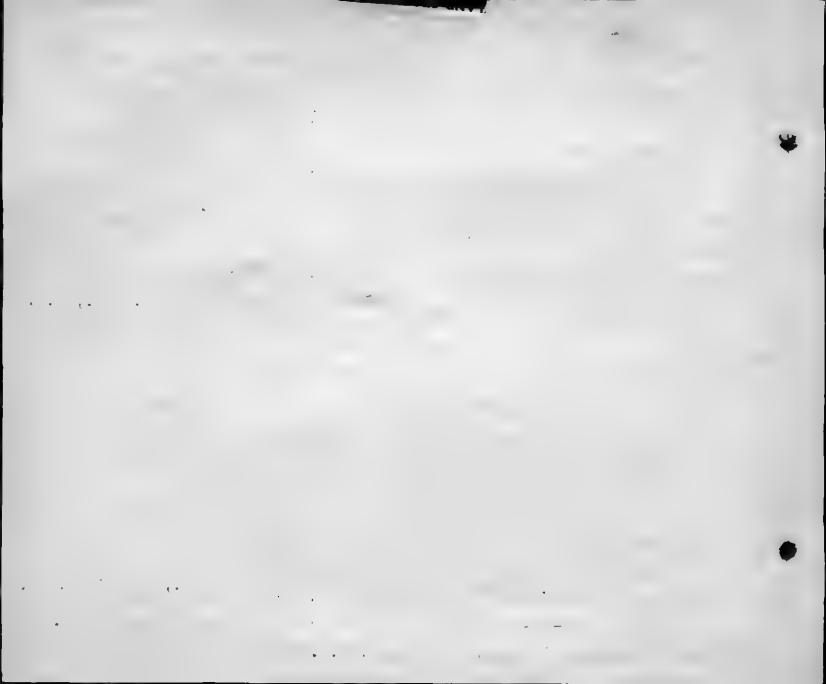
IL DO

erkkakaka 🗸 👂

MARYLAND STATE DEPARTMENT OF HEALTH



FPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission a. COUNTY Montgomery INCC. MARY GARDO MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! HVATTSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street andress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? CARROLL YES NOT SALLE RO 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) STERLING 19 65 TheL 10 6. COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF SIRTH 19. AGE (In years | IF UNDER 1 YEAR | 5. SEX last birthday) Months Female DIVORCED T White WIDOWED T 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician dona during most of working life, even if retired) At Home Housewife WAShINGTON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME beorge KOBE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Ethel Davidson 2224 Wash. Ave., NONE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART HAOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO E 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work 21. T certify that (1) (this hospital) attended the deceased from John 1962 to 1962, 19. (4) that (1) (we) last ... 19 (and that death accurred at 945M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. death. Page 4.
TO FUNERAL J
director, page 3
be first with the 22d. ADDRESS 22c. PHYSICHANKS NAME (Type Randolph Rd., Rockville, Md. 23d. LOCATION (City, town or county) 1234. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Gate of Heaven Silver Spring.
25e. REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE BUTIA 12 Burist **ADDRESS** VR A15 (4) Joseph Gawler's Sons, Washington, D.C. MEC 1SM 7-62



CERTIFICATE OF DEATH funeral arid 2 and 2 PLACE OF DEATH a. COUNTY a. STATE Maryland after completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after Prince George's MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Seat Pleasant days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital executed within 3. NAME DE First Middle Last 4. DATE DECEASED Sterling, Sr. Otha DEATH (Type or print) Masse Jemove com DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White 9/16/94 Male WIDOWED KA DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY US Gov't Retired Virginia physical property of the physical property of certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova attending permit. Ther Amelia Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes pive war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the atten the burial-transit permit. or to burial, cremation, or death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. Cenditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating TO FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED 202. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While at work While at work retained 21. I certify that All (this hospital) attended the deceased from Dec. 21 185 to Dec. 29, 19.65, that (I) (we) last saw the deceased alive on. 22a. SIGNATURE am pe STAFF PHYS. ATTENDING PHYS. DIRECTOR 4 may ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) Cameron, M.D. 3503 Don B. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Specify) Cedar Hill Cemetery Suitland, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR

Bros.-1661--Good Hope Rd SE

VR A15 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 507 67th Place, N. E. YES NO L -Year Month Day 29 19 65 December AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. (ast birthday) Months Days Hours 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Address Lanham. Md. Otha L. Sterling Jr. 8701-Crandall Rd INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPS PERFORMED? NO 🔀 YES [(State) 20f. (City or town) (County) 19 65, and that death occurred at 12:20, from the causes and on the date stated above. 22b. DATE SIGNED Perry St. Mt. Rainier, Maryland (State)

1966



1		,	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	; <u>a.e.</u> a
FOR S			16505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
HEALTH	DEP		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. COUNTY 3. STATE b. COUNTY Prince George's MARYLAND Naryland Prince George's	admission)
222	其式		Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give near	rest town)
une une ay	dea		write RURAL and give nearest town)	
necessary he funeral 5 may be	Department after death.		Cheverly DOA "Hillside d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS. 6	RESIDENCE
S 0 5	₩ 2	, .	GN	A FARM?
13. Page	State	11	Prince George General Hospital 1223 48th. Avenue YESL	NO 3
3. de	the S 72 hc		DEGEASED	Year
f any delay is not 1, 2, and 3 to the PM3. Page 5	15th		1000	19 65
E I	THE THE		Tuno 20 1939 21st birthday) Months Days Hou	
ta a s	Z = Z		Male White WIDOWED DIVORCED JULIE 20, 275, wrs.	IAY.
9 3 E	event		1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY COUNTRY? Construction Co. 11. BIRTHPLACE (State or foreign country) COUNTRY? U.S. A.	TAI
8. Give	ly e			
222	pages l in any		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
f hours Item 18 ffice ald	E D		William Thomas Swank Margaret Gonder	
24 n	File, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMFORMANT Address (Yes, no. or unknown) (If yes play war or dates of service)	
E E S	ıit.		Yes, no, or unknown) (If yes gire war or dates of service) Yes Orothy Cook Monroeville, Pa. (sist	er)
certificate should be executed within 24 riting the word "pending" in pencil in It ded to the Chief Medical Examiner's Offi	permit. removal		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL ONSET AN	BETWEEN
in I	世古		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury of chest minut	
and	a burial-transit cremation, or		8234 DUE TO	
die ex	al-t		Conditions, If /any, which } (b)	
Ne Ne	buri	V	gave rise to immediate cause (a), stating the DUE TO	
हुं न हुं			underlying cause last. (c)	
유용하	used as to burial		The state of the s	AUTOPSY FORMED?
L EXAMINER: This certificate he certificate, mriting the should be forwarded to the flast	use to b		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY IX OF CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONT	NO X
	2 6	•	20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
SEA	3 should lagent, pri		PRIMARY TXO CONTRIBUTING D CAUSE OF DEATH. Driver of car which ran off road and hit a tree.	
EXAMINER: This certificate, mr	sho ent,		ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. PCIty or town) factory, street, office bldg., etc.) factory, street, office bldg., etc.)	(State)
200	w 90	11	Hour a.m. While Not While at work Ardmore Road and George Palmer Hishway.	
A Parity	age	1 (0		ny opinio
oulc ce	CTOR: Page designated		death resulted from: Natural causes [V.] Accident [x], Suicide [], Homicide [], Undetermined manner []	
	des		CHIEF MEDICAL EXAMINER	
ite t	E SE		ACTUAL ASSISTANT MEDICAL EXAMINER 22. DA	TE SIGNED
MEI Pag			DEPUTY MEDICAL EXAMINER TY	
~ 6 _	, 2 5	2	RAMME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 12-6-6	55
DEPUI	FUNER of Healt	-/-	23a BURIAL CREMATION 1 23b DATE THEREOF 23c. NAME OF CEMETERY OR CASA AND 23d. LOCATION (City, town or county)	(State)
o De De dire	9		Buy Man (Specify) 12/9/65 Hill's Church Westmoreland Co.,	Pa
_	-		24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATUR	E ·
VR /	A15ME		Francis Gasch's Sons Hyattsville, Md. DEC 8 1965 floorles and	-
35D0	4-64		1 United	



		DIVISIO	N OF STATISTIC		YLAND STATE D EARCH AND RECOR	DS.		HEALT N STREE		RE 1, M	IARYL	AND.
1	Y	1650	6	_	CERTIFICA	Ţį	OF DEATH	1				. "258
	1.	PLACE OF DEAT a. COUNTY	Н		- 1 0 m - # - # 1 1 m - #		2. USUAL RESIDENCE		ceased lived, If Ins	titution: R	esidence	before admission)
V			rince George	¹s	MARYLAND		a. STATE Mary]	Land	b. COUP	Pr.	Geo	
		b. CITY OR TOV	/N (If outside corporate and give nearest town	e ilmits,	c. LENGTH OF STAY IN :	1b	c. CITY OR TOWN (If	outside cor				
		Chever	Ly	•	1 mo-17 da		Upper l	Marlbo	ro			
		d. NAME OF HO	SPITAL OR INSTITUTION	N (If not In h	hospital, give street addre	ss)	d. STREET ADDRESS				0	. IS RESIDENCE ON A FARM?
			eorge's Gene	ral HO	DSPITAL		Box 1035	5			Y	res No
I	3.	NAME OF DECEASED	Fir		Middle	_	Last	4. DATE	Monti	h	Day	Year
	5	(Type or print)	Hammon				vann	DEATH		ICHMPED	25	19 65
ı	o.		6. COLOR OR RACE		3.5	ľ	. DATE OF BIRTH	9.	last birthday)	Months	Days	Hours Min.
-	102	Male	Colored	WIDOWED	DIVORCED KIND OF BUSINESS OR		1879?	auntu & Céata	86 yrs.	0 1 12 0	TIZEN	DF WHAT
ı	dur	ing most of work	ling life, even if retired	1) 1	INDUSTRY				, or receipt country	CC	DUNTRY	7
ŀ	13.	Labore FATHER'S NAM			Retired	_	Marylan			10	3.A.	1
١		T.7.2		- 20				Ester				
ı	15.	WAS DECEASED	Lliam Swar EVER INU.S. ARMED FO	RC ES? 16.	. SOCIAL SECURITY NO. 1	7.	INFORMANT	ESUCE	Crees	ise . N	id.	
ı	(Yt	s, no, or unkown)	(If yes give war or dates of	service)		CF	neslev Swa	nn Bx	.3360			Rd.
ı	<u> </u>		DEATH [Enter only one	cause per_	line for (a), (b), and (c),	04	tobec) bus				INTE	RVAL BETWEEN
١			EATH WAS CAUSED BY:		i drawal	U	in Sullie	10.0	,,		ONS!	ET AND DEATH
١	-1	274	DUE 1		Coor Coort		10		7			7.100
1		Conditions, If	any, which }	(b)								
١		gave rise to cause (a), s	Immediate (•				
1	_	underlying cau	se last.	(c)								
1	CERTIFICATION	PART II. OTHER	SIGNIFICANTCONDITIO	NS <u>CONTRIB</u>	BUTING TO DEATH BUT NOT R	ELA	TED TO THE TERMINAL O	DISEASE CON	DITION GIVEN IN	PART 1(a)	19.	PERFORMED?
1	5			1 00							YE	S NO
		OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H 200.	DESCRIBE HOW INJURY O	i Gu	RRED. (Enter nature of	r injury in P	art I or Part II c	ir item 18.	.)	
1			INJURY Month, Day, 1		INJURY OCCURRED 20e.	DI AC	CE OF INJURY (Home, fa	arm 1 20f	(City or town)	(Cou	intv)	(State)
-	MEDICAL	Hour a.	m.	1	Not While	ctor	y, street, office bldg., e	tc.)	(ore) or comm)	(000	,,	(01010)
	E		m. 19			1	1/12	0/1/10	12/ 26	196	C AL	at III Iwa) Ion
			ceased alive on	ital) attend	ded the deceased from.		death occurred at	9 <u>645</u> , to.				iat (I) (we) las e stated above
		22a. SIGNATU		7	13	liat			on the babaca		ATE SIG	
			Irant	21	/allot	M.D.	ATTENDING	MED. DIRECTOR [STAFF PHYS.	12/	121	7/65
		22c. PHYSICI, NAME (T		Tal	bot, MD.		22d. ADDRESS 4.307 1.	Branc	h Ave	Mar	low	Heights
	23a	BURIAL, CRE	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEMET	ERY	OR CREMATORY	23d. LC	CATION (City, to	own or col	unty)	(State)
		Buria	1 12=29-	65	St. Mary's	I	Methodist		Croome.			Md.
1		FUNERAL DIR	ECTOR		ADDRESS_	M		C'D BY REGI	STRAR 25b. R	EGISTRAR'		ATURE
3	M	yrtle K	. Rollins	4339	Wightneton	TA	DATEL	29 1	965	liarle	DA	age.

VR A15 (4) 15M 4-64 < *

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Item 2 € ilm G375 PLACE DF DEATH "USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY STATE Marty Vand b. COUNTY Prince George's Prince George s MARYLAND y delay is Trecessary, and 3 to the funeral M3. Page 5 may be Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ashington Bladensburg / A Cheverly D.O.A. 5202 Crittenden Street d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) St. ON A FARM? Prince George's General Hospital ND X NAME OF DATE First Year Middle the DECEASED (Type or print) DEATH Ida Mae Talhelm December 19 1965 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH form 7. MARRIED XI-NEVER MARRIED Pages last birthday) Months Days Hours after death. Female White along with 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give during most of working life, even if retired) COUNTRY? INDUSTRY Home Maker U.S.A. Housewife Smithfield, Penn. g" In pencil in Item 18. G Examiner's Office pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Earl Whoolerv Donna Dancer File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 2504 14th St permit. I (Yes, no, or unknwn) (If yes alve war or dates of service) This certificate should be executed mithin is, writing the word "pending" in pencil in provided to the Chief Medical Examiner's 200-01-682\$Sprague Talhelm Jr. Wash. Nö 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: cremation, or Myocardial Infarction and Fibrosis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Coronary Occlusion, left anterior descending (b) gave rise to immediate DUE TO cause (a), stating the Coronary Arteriosclerotic Heart Disease the word the Chief Ø ed as a burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X 2 2 NO T 2Da. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) forwarded PRIMARY Or CONTRIBUTING 3 should bagent, price CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm. 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. EXAMINER: While Not While DIRECTOR: Page or its designated at work at work the certi and in my ppinipn 21. I certify that I topk charge of the remains described above, held an Autopsy Inspection Inquiry y, files. Undetermined manner death resulted from: Naturál causes V Accident Suicide Hemicide please execute the director. Page 4 sl retained for your fi CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR FUNERAL DI **EXAMINER'S** John Kehoe verdale. Md. Address (Street, city, town, or county NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23€. REMOVAL (Specify) of 2 poomuo Cemeterv Pennsylvania Buria Honwood FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 4th St NE, Wash, D.C. DATE UE VR A15ME 350D 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 Act completely filled in by the funeral remove carbon papers. Pages 1 and 2 and 2 and 2 and 2 bours after death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Prince Georges Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt Cheverly 27 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3 C Plateau Place Prince Georges General Hospital O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. NAME OF First DATE Month Middle Last 4. DECEASED (Type or print) Adassab Taulor DEATH Dec., 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 9. last birthday) Months 31 May 1895 70 emale White WIDOWED DIVORCED physician in pleaserie val, and in 10a. USUAL OCCUPATION (Give kind of work done; 10b, KIND OF BUSINESS OR 1 AIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY ENGLAND ermit. Then ple on, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH SARAH ANN IVES After this certificate has been signed by the attend to be detached for use as the burial-transit permit. • State Dept, of Health prior to burial, cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) (HUSBAND)SAME HAROLD TAYLOR 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last (c) PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work FUNERAL DIRECTOR: Af director, page 3 should i hould be filed with the S 21. I certify that (I) (this hospital) attended the deceased from v. 19 65 to Dec._ 13 saw the deceased alive onDec. 13 265, and that death occurred at 6,40MM rom the causes and on the date stated above. 22a. SIGNATURE **ATTEN DING** STAFF PHYS. XX DIRECTOR M,D. PHYS 22c. PHYSICIAN'S ADDRESS director, p should be 1 Zouheir Shama, M.D. NAME (Type) Prince George's Genl. Hosp. Cheverly, BURIAL CREMATION, REMOVAL (Specify) 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

MARYLAND STATE DEPARTMENT OF HEALTH

-15-65 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) N.W. 1.4TH. 15M 4-64

e. IS RESIDENCE

YES

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO KX

(State)

(State)

MD.

Day

13

Days

COUNTRY?

U.S.

12. CITIZEN OF WHAT

19.

(County)

22b. DATE SIGNED

Dec. 13.

REGISTRAR'S SIGNATURE

25b.

YES T

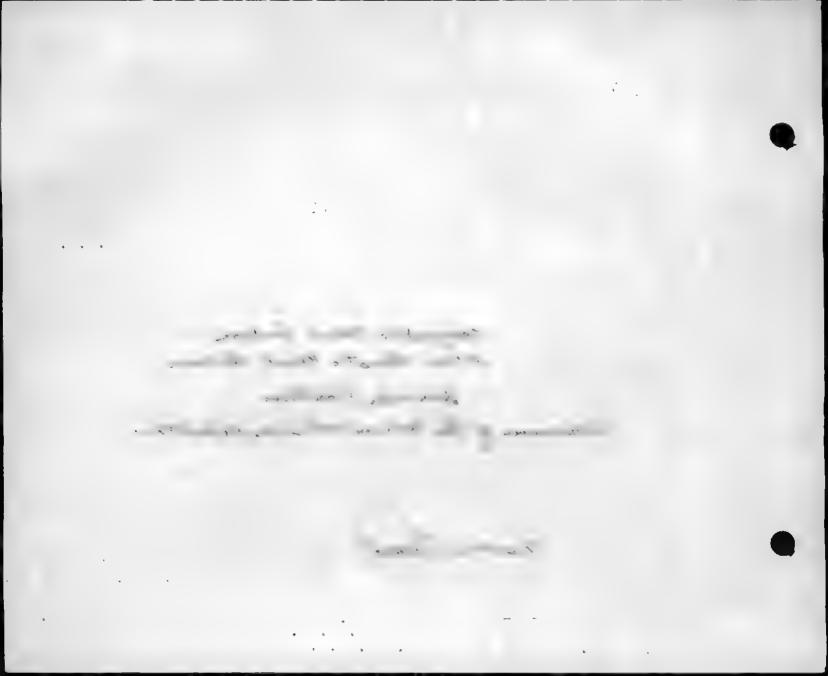
19 65, that (I) (we) last

ON A FARM?

Year

19 65

NO 1



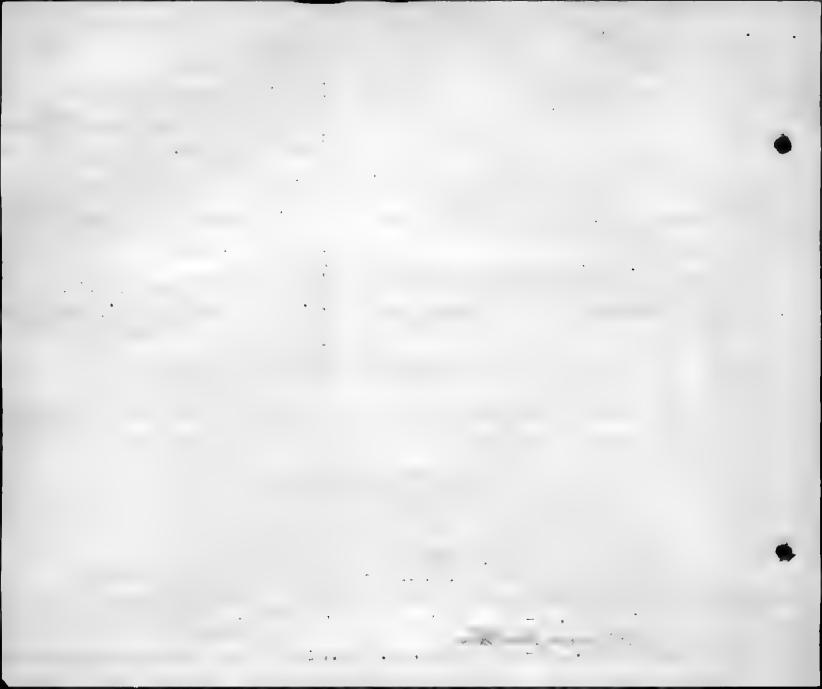
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE Pages 1 Prince Georges Maryland Prince Georges
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY DR TOWN (it outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours Riverdale College Park .= d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital ND 🗌 Pierce St YES within etely Pod 3. NAME DE First Middle DATE Year Last 4. Month Day DECEASED DF Tavlor compi (Typs or print) Anna Yaroie DEATH December 65 19 executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. last birthday) Months Days Hours colored Ilysician and in please femo 3-28-30 Female WIDDWED [DIVORCED [YES. 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY? North Carolina IISA Domestic certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending | Charlie Pa Herson Jessie May Turner 15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SDCIAL SECURITY ND. | 17. INFORMANT Address the atten t permit. 6 Husband/Medical Record cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (9), INTERVAL BETWEEN been signed the burial-transit DNSET AND, DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. has (c) FICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY for use Health PERFORMED? certificate YES [ND [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifid be detached for State Dept. of F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) CERTI MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work DIRECTOR: Af age 3 should lied with the S 12-23-19 65. that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from 19 05 and that death occurred at 10:300 from the causes and on the date stated above. saw the deceased alive pn. 19.65 22a. SIGNATURE 22b. DATE SIGNED 9 page ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR TH FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) LLOL Queensbury Road. 23a. BURIAL CREMATION, 23b. LDCATHON (City, town oppcounty) (State) 23d_ REMOVAL (Specify) **FUNERAL DIRECTOR** REC'D'BY RECISTRAR I

VR AI5 (4) 20M 1/65



tems 18&21 Film G374maryland STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY If any delay is necessary, the funeral director, Page retained for your files. Prince George MARYLAND Prince George Department b. CITY OR TOWN (if outside corporete limits, . LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporata limits, write RURAL and give negrest town) write RURAL and give nearest town) Cheverly DOA Oxon Hill hours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George General Hospital State YES NO DATE Month DECEASED OF (Type or print) Retha DEATH Lorraine Tennyson 65 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) WIDOWED [DIVORCED [17 June, 1923 2 2 and and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY form PM3. Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Domestic MEDICAL EXAMINER: This certificate should be executed within 24 hours. USA Georgia File pages 1 in any event 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Clifford Hamilton Daisv 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) ! [[fyes give werer dates of service] James W. Tennyson Office along with Same as # 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN removal, burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Pulmonary Edema Minutes IMMEDIATE CAUSE (a) DUE TO ō From aspiration of gastric contents Conditions, if eny, which ſЫ eava rice lo immediate ceuse Ю DUF TO ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" **FUNERAL DIRECTOR:** Page 3 should be used as (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY CERTIFICATION burial PERFORMED? YES THE NO THE 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) 2 PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) agent, fectory, street, office bldg., atc.) While Not While st work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔀 Inquiry x and in my opinion death resulted from: Accident Suicide Undetermined manner Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE .2 DEPUTY John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER TO 12-25-65 ö EXAMINEN'S NAME (Type) Address (Street, city, town, or county) 4 should Health 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify Burial Arlington National Cemetery, Arlington XXXXXX Virginia ADDRESS 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME 1661- Good Hope Rd. SE. Wash. DC

5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

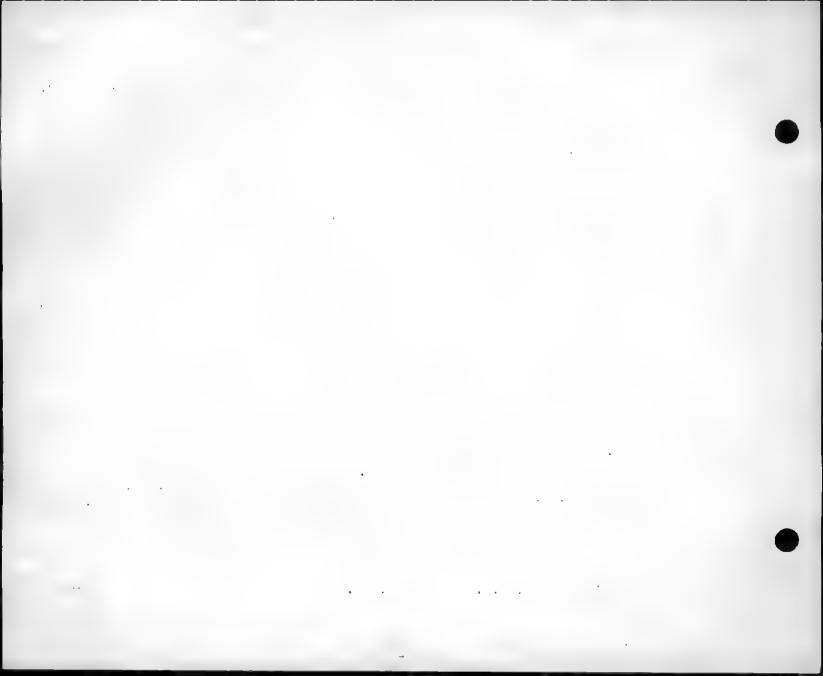
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

42022

8	6	0	9	1
			π2.	,1.

F	JK 2	IALL			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1391
		DEPT	7		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
2	and 3 ta	epartment af after deat		(COUNTY OF STATE B. COUNTY Prince George's MARY.AND Maryland Prince (George's
lay.	- S	ent		l	OCTY OR TOWN (if outside corporate limits, in a LENGTH OF STAY IN 1b in a COTY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)
de	and	E F			write RURAL and give nearest fawn)	,
È.	2,5	aft.			Cheverly DOA Seat Pleasant I NAME OF HOSPITAL OR INSTITUTION finat in hospita, give street oddress) d STREET ADDRESS	o IS DESIDENCE
= '	es 1, farm	De 71	,			e IS RESIDENCE ON A FARM?
-	ges fa	State Department 2 haurs after deat	7		Prince George General Hospital 7232 Joplin Street	YES NO X
lea	S 4	e St 72			NAME OF First Middle .ost 4 DATE Month DECEASED OF	Day Year
5.	8. Give Pages 1, alang with farm	with the State De within 72 haurs			Type or point) Clement Alan Thornton DEATH 12	30 19 65
affe	~ = =	± ±		5 :	lost birthdoy) Months	YEAR IF UNDER 24 HRS Dovs Hours M.n
12	Item 18 Office	53E			ale Negro WIDOWED L DIVORCED L 8-5-1959 6 vis	
haı	Item I			100	USUAL OCCUPATION (Give kind of work done IDB KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) 12 CIT	IZEN OF WHAT
24	5.2	ges		0011	D'Eddell'e	USA
<u> </u>		pages in any		13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
₩.	pen	File			James Leo Thornton Marcia	
þ.	.⊑ <u>ૐ</u>	<u> </u>			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
cute	39	I'm I		(re	(If yes give wor or dotes of service) James Thornton-7232 Joplin	Street
certificate shauld be executed within 24 haurs after death	e, writing the ward "pending" in pencil in farwarded to the Chief Medical Exammer's	s a burial-transit permit.			IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
pe .	e je	msit or r		- 1	PART I. DEATH WAS CAUSED BY. MUST SHEET CAUSE (a) Must in le in innies	ONSET AND DEATH
10	<u> </u>	-tro		- 1	8/3-4 DUE TO Fracture of both femora and mandible	
hai	¥ €	uria atro			Conditions, if ony, which gove) the And Incompation of homein	
9.5	t a	p P	V		rise to immediate couse (a), (DUE 10	
Į,	ded	ds (- 1	lost (c)	
il i	vriti Var	used as burial,		_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
S	fg.,			CERTIFICATION		PERFORMED?
This (the certificate, shaula be fa	anea rar yaur riles. IRECTOR: Page 3 should be designated agent, priar ta	2		200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Port It of item 18.)	1
	불흥.	nes. should t, priar		8	PRIMARY XXISE CONTRIBUTING CAUSE OF DEATH	
Z	shaula	riles. 3 shoi int, pi		MEDICAL	20c TIME OF INJURY Month Day Year 20d No. RY OCCURRED 20e PLACE OF INJURY (Home, form, 295 (Cuty of Jawn) 3 c 3 (Cou	nty) (Stote)
5	€ =	ge		8	6:55pm pm 12-30- 19 65 of work of 6900 block of George Palmer Highwa	G -1
EX	uge uge	2 g /	6	- 1	21 Leavisite that I tack charge of the service described above held a Asternative Described a Asternative Described above held a Asternative Described a Asternative De	y, Seat
AL	E P	5 6 1			21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinior
K	ctal	ECT Sign			deoth resulted from. Notural rouses , Acident , Suicide , Homicide , Undetermined monner	
₩.	direct	# B		Į	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
<u>-</u>	0 10	INTL DIRECTOR: Page or its designated age		- [DESIGN MEDICAL CHANGE OF THE PARTY OF THE PA	
2	Sq.		φ.,	ı	EXAMINER'S NAME (Type) John / Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	12-31-65
TO DEPUTY MEDICAL EXAMINER:	necessary, please ex the funeral director.	O FUNIII		23n		(County) (State)
2	≝ 4	~ <u>2</u> = °		Da.	REMOVAL (Specify) / 1/4/66 Mt. Olivet Cemetery Washington, D	
					FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRARS SI	GNATURE
		A15ME (5)		St	ewart Funeral Home 4001 Benning Road, NEAN 5 1966 (Chorle	Judge

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Marvland Prince George's Prince George's MARYLAND lay is necessary, i 3 to the funeral Page 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) District Heights Cheverly e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? State 5118 Logan Court YES NO -Prince George General Hospital any dela 2, and PM3. F NAME OF Middle DATE Month DECEASED DEATH (Type or print) 19 Dorothv Tucker ## ## ## AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO DATE OF BIRTH form last birthday) Months | Days Pages Hours 24 hours after death. 2 ≥ DIVORCED White WIDOWED [12-31-1906 Item 18. Give Pag Office along with and a 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR COUNTRY? during most of working life, even if retired) New York Secretary T. Paul Mudd Real Estate Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Z = Ruby Blair Office Daniel Paton File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I removal, (Yes, tio, or unknown) | (If yes pive war or dates of service) Albert Blair Tucker 5419- Auth Rd. SE. EXAMINER: This certificate should be executed within a certificate, writing the word "pending" in pencil in hould be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure burial-transit minutes **OUE TO** Conditions, if any, which (b) Coronary artery occlusion gave rise to Immediate DUE TO cause (a), stating the Arteriosclerotic heart disease unknown 10 underlying cause last. used as to burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES PA NO [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 3 5 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should ! 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oav. Year factory, street, office bldg., etc.) the certificate should be for r files. Hour a.m. - Not While Whlle CTOR: Page designated at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy X. Inquiry X Inspection x, DIRECTOR: Suicide Homicide . Undetermined manner Accident: death resulted from: Natural causes execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER X FUNERAL please ex director. retained f EXAMINER'S Riverdale, Md. Address (Street, city, town, or county) John Kehoe, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Suitlend. Marylad Cedar Hill Cemeterv 2 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LNERAL DIRECTOR Brothers 1661- Good Hope Rd.SE. Wash.DC VR A15ME 3500 4-64



VR A15ME 5M 1/63

4/MARYLAND STATE DEPARTMENT OF HEALTH Item 20 Film G375

AORE 1, MARYLAND

	IICAL KESEAK	H AND KECUKUS,	JUI W. PKESTUR S	IKEEI, BALIIMU
6914	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

î T.	PLACE OF DEATH		****		- 1	2. USUAL RESIDEN	CE (Where de	ceased lived, If	institution: Resi	idence before	admission)
	a. COUNTY					a. STATE		b. COUN			. /
	Prin	ce George!	S	MARYL		Maryland			rles Co		<u> </u>
	b. CITY OX TOWN (I	foutside corporate limi give nearest town)	its,	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside sorp	orate limits, write	RURAL end g	Ive nearest to	wn)
	Chever	_		8 days		Waldorf			7 /		
			if not in hos	pital, give street eddres	e1 -	d. STREET ADDRESS			A · me	1 a 15	RESIDENCE
					-						A FARM?
_	Prince G	corge Gene	ral He	ospital .	il.	RFD 1. Box	152			YES T	NO [
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Day Ye	ar
	(Type or print)	07		A 12		m	OF DEATH	3.0		A = 10	
-	SEX	Clarence	!	Arthur	- / 0	Turner		12	. IF I ILIDED 4 VE	25 19	U.J
1 3.	3EA	S. COLOX OX RACE	7. MARRIE	NEVER MARRIED	☐ a.	DATE OF BIRTH	9.	AGE (In years last birthday)	Months Da		R 24 HRS.
M	íale	Negro	WIDOWE	DIVORCED		10-31-1885		80 уль	Months De	ys Hours	Min.
10	a. USUAL OCCUPATI	ON (Give kind of work		ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	or foreign cou		1 12, CITIZE	N OF WHAT	COUNTRY
d	one during most of wo	rking life, even if retire	id)			0.	,	0.4.1			
_	turmin	<i>q</i>				4. MOTHER'S MAIDEN	0 rga s	: IVId			
13	. FATHER'S NAME	1			- [1	4. MOTHER'S MAIDEN	NAME '	/			
1		Inkno	non			Georgi	0000	Vat	6.5		
15	. WAS DECEASED EVI	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO	17 KM		a THE	Addmes	62	10 1	
		yespivawerordatesots	dentine.					nderess.		World	ort,
<u></u>			di	7-32-2265	Rola	and Turner	- R. F. [7.1-137	1152	Ma	
	18. CAUSE OF D	EATH Inter only one	cause per l	ne for (e), (b), and (c).]				I	INTERVAL BI	TWEEN
	PART I, DEATH	WAS CAUSED BY	Chara	-land accord	-0.1					ONSET AND	
	1, , ,			shot wound	IOI	Jean	· · · · · ·			<u>8 da</u>	ys
	. 7.0	DUE TO									
	Conditions, If any	, which) (b)									
	gave rise to immedia	A DIE TO									
	(e), stating the ur	denying									
1_	cause lest.	(c)									
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE (CONDITION GIV	EN IN PART 1(AUTOPSY ORMED?
15										YES X	NO T
1 %	20a. EXTERNAL CA	USE WAS	Ob. DESCR	BE HOW INJURY OCC	URRED, (E	nter nature of injury in P	ert I or Part II o	of item 18.)		I ILL	
18	PRIMARY or CO	NTRIBUTING 🖂				1					
1 -			114	PHYS XI JAKY	444	414411111	11/14				
5	20c. TIME OF INJUI	RY Month, Dey, Ye		NJURY OCCURRED 2		OF INJURY (Home, fern , streat, office bldg., etc.		or fown)	(County)	(State)
MEDICAL	11 100 2	12/17 10 (65 While	Not While A		on farm	" Wald	orf Ch	arles	Md.	
	21 T annalis at										
							Inspection			ind in my	opinion
	death resulted for	rom: Natural ca	auses	Accident	Suicid	a, Homicide	∐. Uno	determined m	anner 2		
		1	// .	V //	_	CHIEF MEDICAL	EXAMINER 🔲				
1	ACTUAL	1100	1-1	OKAR	7	ASSISTANT MED	ICAL EXAMINI	Fin [7]		DATE SI	GNED
1	SIGNATURE	- 47 F	m_{\perp}	201		M.D.					
	EXAMINER'S.	. 66	16 5	m. 1 . n	37.4	DEPLITY MEDICA	L EXAMINER D	K.			
1_		hn/Kchoe,		Riverdale,		Address (Street,		The same of the sa		27-65	
22	e. BURIAL, CREMATIO REMIDVAL (Specify)	N. 227. DATE THERE	OF	22c. NAME OF CEMET	TERY OR C	REMATORY	22d. LOCAT	ION (City, town	, or county)	(Ste	rie)
	ALIGNATION OF THE PROPERTY OF	12-29	-65	St Phille	6. 5	p. Ch. Cem.	Ga.		md.	,	
25	B. FLINERAL DIRECTO	1		ADDRESS	of Ly	1000	O BY DECIST	CA CO:	STRAB'S SIGN	LATURE	
	Matol	61			27	1 LA LI	2	0.00 1		7	
	1 / lariell	Maam	2/L	quasco,	110	CCO , INAM	3 190	66 ///	wells (udge	
Bernstein				7.7					- //	7	



VR AI5 (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
10313 CERTIFICATE OF DEATH	19

K	1. PLACE OF DEAT	H				2. USUAL RESI	DENCE ((Where dece			sidence b	efore admissio	n)
A		Pr. Geo.		MAD	YLANO	a. STATE	Mar	vland	b. coun		. Ge	٠٥.	
1	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest toy	te limits,	C. LENGTH OF STA		c. CITY OR TOW		<i>₩</i>	orate limits, wr				1)
Н	Cheve		/			X Bel	Air	***	Bowie				
ı		SPITAL OR INSTITUTION	ON (If not in hos	pital, give street	eddress)	d. STREET ADDI	RESS		201110		6.	IS RESIDENC	Ε
7	D. O. A.	Prince Geor	rge Gene	ral Hosp.		1 13105 N	addo:	x La	ne		YE	ON A FARM?	_
	3. NAME OF DECEASED	F	Irst	Middle		Last	4	. DATE	Monti		Day	Year	_
-1	(Type or print)	EVA	A	L.	7	WILLEY		DEATH	Dec	. 7t	h	19 65	
ı	5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRII	ED B	. DATE OF BIRT	Н	9.	AGE (In years)	IF UNDER 1			₹S.
	Female	White	WIDOWED	DIVORC	ED 🗍]	Feb. 24-1	895		last birthday) 70 yrs.			Hours Min	l.
- [10a. USUAL OCCUPAT	ION (Give kind of work Ing life, even if retire	done 10b. KIN	D OF BUSINESS O	R	11. BIRTHPLAC	E (Count	y & State, e	r foreign country) 12. CI7	TIŻEN OI UNTRY?	WHAT	_
1	House		in in	JOSIKI		Mar	ylan	d			on in it		
ı	13. FATHER'S NAM					14. MOTHER'S							_
1		Joseph P	oe			Hatt	ie	Potte	r				
ľ	15. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	ORCES? 16. S	OCIAL SECURITY N	0. 17.	NFORMANT		-	Addres	S			_
	(165, no, or unkowii)	(11 Aez Aine mat et. fla fez i	31 SET (1CE)		A	June Phil	yaw.	Sam	e as It	em #2			
	18. CAUSE OF	DEATH [Enter only or	e cause per lin	o for (a), (b), and ((c).]			1				AL BETWEEN	
1	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	3 K	25/11	1/0	my f	AIA	cone			UNSEI	AND DEATH	
-		•		/		1	/		·				_
ı	Conditions, If	√ DUE anv. which 1	/ " "	no bod.	1 :	the mount	1005	10			11	4000.	-
-1	gave rise to	Immediate /	(b) CC	THE PATE	4	MICHAEL	,, - 3	1				, , , , ,	-
П	cause (a), s		10	-6-11	Ap:	PERIO SC	LOW	0515	-		2	Verins.	
	EART II OTHERS	BIGNIFICANT CONOITI	(c) CONTRIBUT	INC TO DEATH DUT	NOTESIA					DART 1/a	119. V	VAS AUTOPSY	=
-	E A COST	s Malit		INGTODEATHBUT	CAMO	4)/	_/	ASE CONG	A. L	C C	F	ERFORMED?	_
-	DIMOETE		/	yer ren.	3/011	, 16housh		0 ///	17 61 3 12	5 14 10 3	YES	□ NO K	<u>-</u>
	PART II. OTHERS DIABETA 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	SCRIBE HOW INJU	JRY OCCU	RREO. (Enter nati	ire of Inj	jury in Pari	t I or Part II o	! Item 18.)			
-		INJURY Month, Oay,	F	URY OCCURRED I	20e. PLA0	E OF INJURY (Ho	ne, farm.	20f. (C	Ity or town)	(Coun	ity)	(State)	-
	Hour a.r	n. /		Not While	factor	y, street, office bl	dg., etc.)	1			**		
						10000				-/-			_
		that (I) (I) is his		the deceased	M VIII	rune			Jec 5			(i) (we) la	
		ceased aliye on 🔎	The said	UE 49 40,	and that	death occurred	at ZiQ	A.M., fron	n the causes	and on th	e date	stated abov	е.
	22a. SIGNATU	RE	1 220 1	1115		ATTENOING -	, MED)	STAFF	Dec.			
	16	con man	here i	2009)	M.D.			ECTOR	STAFF PHYS.	Dec.	1-17	07	_
	22c. PHYSICIA NAME (T	(N'S	T1- (1	33		22d. ADDRES		37 %	2 4.2 1	D. C.			
		Dr.	Jack Cr	owerr		2025-1	-St.			. DC			=
	23a. BURIAL, CREM REMOVAL (Sp	ocifu\		23c. NAME OF C					ATION (City, to	_		(State)	
	Burie	il Dec. 1	0-1965		Hill	Cemetery				Maryla			
-	24. FUNERAL DIRE	CTOR		AOORESS				BY REGIST	RAR 25b. RI			TURE	
1	Simmons Br	os. 1661-G	ood Hope	Rd SE	Wash	DC DB	EC 9	191	65 100	conlay	Jus	lge	
2											11	7	_



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# #N# :	16916 CERTIFICATE OF DEATH
death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
Les te	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
cuted within 24 hours aft completely filled in by to ove carbon papers. Page y event, within 72 hours a	write RURAL and give nearest town) 8 Days Suitland X
hours ed in by ers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
n 24 hille pape	Suitland nursing Home, Inc. 4629 Sevis ave. YES NOT
executed within and completely remove carbon promisely any event, within	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Costomo 101408 DEATH DECEATION 3 19 (05
ted 1	(Type or print) Cotomo Situle DEATH Occurber 3 19 65 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1YEAR FUNDER 24HRS. Last Dirthday) Months Days Hours Min.
xecul	WIDOWED DIVORCED 11-10-1000 OU yrs.
e be executed the second the seco	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LIL BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
physical physical physical physical physical val, and val	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certificat Iding phy Then p removal,	lose'th Vitale Rachel aversa
ne death certific the attending p if nemit. Then nation, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2103 Address her Street.
deat ne at ne at lion,	1.18. CAUSE OF DEATH FENTER ONLY ONE CAUSE DEFINE FOR (2), (b), and (c).
	PART I, DEATH WAS CAUSED BY:
ires that the physician. in sig≡ed by burial-transif	DUE TO O O O O O O O O O O O O O O O O O O
phy phy puri	Conditions, If any, which by Wrker to Feller- Fre Heart Orsland 331-
law requires that t attending physician. I has Been sigmed bi e as the burial-tran h prior to burial, cre	cause (a), stating the DUE TO
law atter has e as h pri	
The last or a lice or use or use health	YES NO NO
FUTFICIAN: The law requiry the hospital or attending per this certificate has Been a detached for use as the bate Dept. of Health prior to be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)
this etach Dept	
NG P by t fter be d	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 4 4 4 4 4 4 4 4 4
ATTENDING retained by CTER: After should be vith the Stai	21. I certify that (I) (this hospital) attended the deceased from 1000, 100, 1000, to 1000, to 1000, that (I) (we) last saw the deceased alive on 1000, 1000, and that death occurred at 7200, from the causes and on the date stated above.
retz 3 sh with	22a, SIGNATURE. 22b. DATE SIGNED
INLOR nay be NL DIRL page 3 page 3 filed v	Prank of telle yeller M.D. PHYS. DIRECTOR PHYS. DIRECTOR 12. 3. 65 1220. PHYSICIAN'S
SHITAL 4 may ENAL to, pag d be fill	NAME (Type) Frank & Jellearini & B. D. 3611 Franch and DE
TO HESPITAL OR ATTENDING PATTINI Page 4 may be retained by the hos TO FINEMAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.	23a. BURIAL, CREMATION, 23b. DATE THEREOF. 23c. NAME OF CEMETERY OF CREMATORY 23d. MCATION (City, town or county)
2 2	24. TUNGRAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) A	Lee Hundal Home Trushington & C DEC 8 1965 Icharles Judge
20M 1/65	100-7-001-50-21-00-00-00-00-00-00-00-00-00-00-00-00-00



FOR STATE HEALTH DEPT.

18817

MAINLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

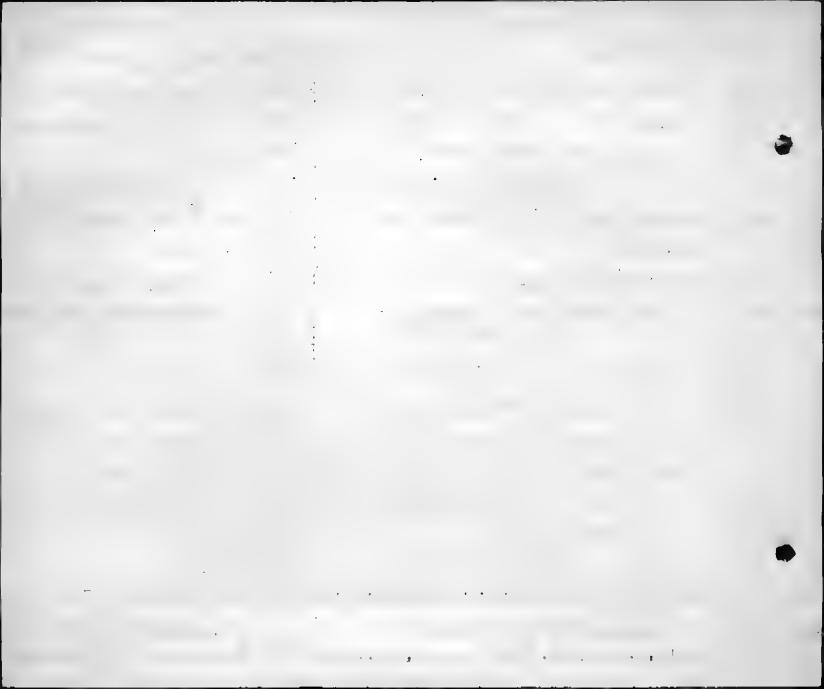
100	6	1			
- 3	Æ	ж	4	h	
	- "	10	•	-0	
	-81	Ŧ		ž.	
13/7	-				

8		TODE												rgfr	4 87
		PLACE OF DEATS	1				2. USUA		NCE (Where				Resident	ce before	edmission.
		Danin	ce George's		MARS	TAND		vland			. COUN	e Geo	~~~	l c	
	_	b. CITY OR TOWN	If outside corporeta limi	îs.	4. LENGTH OF ST				(If outside e						wal
			give nearest town)	•••	1. 11. 11. 11. 11.	711 114 10	V	0. 10	(ii odisios e	OTPOTENS SILL	110, 101111	NOKAL EI	O BITT I	1001441 10	et iii
		Cheverly			DOA		1	Clinto	on						
			TAL OR INSTITUTION (if not in hosp		lress)		ET ADDRES							RESIDENCE
4							/								A FARM?
1	-	Prince G	eorge Gener	al Ho	spital				<u>e Driy</u>					YES .	NO E
		NAME OF DECEASED	First		Middle		La	si	4. DAT	E	Month	1	Day	Ye	ar a
		(Type or print)	Hirosen	le	G. 17				DEA	TH	3.0		12	19	1 / 1
	è	SEX	Liroso			ougio		10.711	1	10 400 0	_12	LIE LINIDED	15		65 R 24 HRS.
	٥,	JEA	6. COLOR OR RACE	7. MARRIEL	NEVER MARRI		. DATE OF B			9. AGE (I	n yaers thday)	Months	Davs	Hours	l Min.
	E	emale	White	WIDOWED	DIVORCE	ED 🗌	May 2	2. 1:	영 경 0	85	yrs.	MODINE	Days	Hours	Willia
			ION (Give kind of work	10b. KII	NO OF BUSINESS O					eountryl		1 12. CI	IZEN O	F WHAT	COUNTRY
	do	ne during most of wo	rking life, aven if retire	d)									12414		CODITIAL
		Housewi FATHER'S NAME	fe				Spar	ta.G	reece			G	ceed	20	
	13.	FATHER'S NAME					14. MOTH	R'S MAIDEN	NAME					g-14	-
		TT . 1 .	tur 1				0.2		7 - 77-	1					
	20	Vasili	Kavokas				26	arau.	la Ka						
	(Ya	s, no. or unkown] {	ER IN U.S. ARMED FOR	CES7 16, 3 ervice]	SOCIAL SECURITY N	10. 17. I	NEORMAN	T			Ad dress				
	,,,	No				He	len I	"Ism	akoe_	571	has	2+ 0	377	DC 2	
	4-1-0	-	EATH [Enter only one	chuse per li	ne for (e). (b), end ((c).1		CE115	anos-	/	71 (1	T, A e P		ERVAL BI	TWEEN
		24271 2747	U SULLE CALLERON DW			,.,							ON	SET AND	DEATH
	Н		IMMEDIATE CAUSE (a)	Heart	failure								mi	nute	25
	H	4200	DUE TO												
	Н	Conditions if one		Anton	iosclerot:	in ha								- 20 [
	1 1	Conditions, if any gava rise to Immedi		WLCGL.	TOSCIELOF	TC_He	arc or	sease					_ove	ar o	yrs.
		(a), stating the u													
		cause last.	(c)												
	z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED T	O THE TERM	INAL DISEA	SE CONDITI	ON GIV	EN IN PAR	T 1(e)) 1	9. WAS	AUTOPSY
	[일]												, ,	PERF	ORMED?
	[វ]							_					1	YES 🗌	NO 🔀
. "	CERTIFICATION	20s. EXTERNAL CA		Ob. DESCRI	BE HOW INJURY O	CCURRED,	(Enter nature	of injury in	Part Lor Part	Il of item II	8.)				
		PRIMARY or CO	INTRIBUTING []												
	- 1														
	ğ	20c. TIME OF INJU	RY Month, Day, Ye	White	NJURY OCCURRED Not While		CE OF INJUR			City or town)	(Cor	intyj		(State)
	MEDICAL	p.m.	19	at work	et work										
	-		nat I took charge o	f the rem	nine described a	have he	ld an Auto	nev 🗆	Inspectio	n be	Inquir	v bel	and	in my	opinion
	ш	_		-						100	-	. 15-51	٦		Spilifoli
	ш	death resulted I	rom: Natural ca	uses XI.	Accident	, Suici	ide,	Homicide	, [,	Jndetermi	ned m	anner			
	ш			IX	1/ ,		CH	EF MEDICAL	L EXAMINER						
	ш	ACTUAL	1 1/100	/ \	D Var		24	SISTANT ME	DICAL EXAM	INFR 🗆			100	even and	and the same of
	ш	SIGNATURE	1-111	/} >-	LV U'		M.D.						-		
		EXAMINER'S							AL EXAMINE	NR. 363					
		NAME (Typs)	John Kehoe	M.D.	Riverd	ale, 1	Md. Ad	dress (Street,	, city, town,	or county)			12-1	13-65	5
	2 2a	BURIAL, CREMATIC	N, 226, DATE THERE	ŐF :	22c. NAME OF CE	METERY OF	XXXXXXXXXX	1	22d. LO	CATION (Ci	ty, lown	, or county)	(Sh	ote)
		REMOVAL (Specify	12/16/6	E	Tomb T	: 2000	٦		Bla	d an al-	11171	TO TO T	3777 -	har	
	72	Punctal Directo		1	Fort L	THEO	TII	24n DE	C'D BY REG	densk	DUL)	STRAR'S S	CHAT	111U	
1	·	\ /	Nel	200 Or	ADDKE33										
1	J	as.T. Na	n.Inc.	Jan J	317 Pa.A	ve.	SE DC	Marie	16 18	365 2	you	arles	Jus	7	
1			7/4		Trade on the Contract of								//	¥	

TO DEFILITY MEDICAL EXAMINER: This certificate aloued be executed within 14 lears after death. If any delay is nemessary, please execute the certificate, writing the word "pending" in pendi in 1 mm 18. Give here 5, 2, and 1 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page tends with the State Department of Hoselft or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours effer death.

VR A15ME 5M 1/63



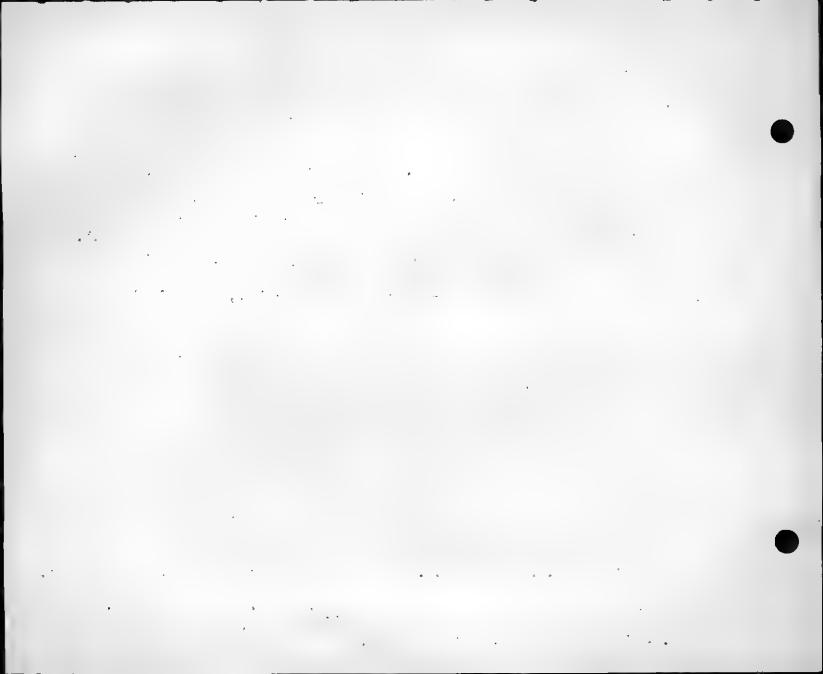
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer the state.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 1						
1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
	Prince Georges MARYLAND	a. STATE b. COUNTY Maryland Prince Georges				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Riverdale 2 days	Y College Park				
-	d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE				
	Eugene Leland Memorial Hospital	5491 Sunnyside Avenue yes No				
3.		Last 4. DATE Month Day Year				
	OECEASED (Type or print) Ella - Ellen J.	Warden DFATH 12 7 1965				
5.	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.				
	F W WIDDWED K DIVORCED	1-9-1883 last birthday) Months Days Hours Min.				
10 du	a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Housewife	U.S.				
13	A. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
_	Devers	Fuller				
0	as no or impound I (If our nine war or dates of sorvice)	INFORMANT Address				
	No_ 578-26-3811 Lo	well Mortfeld, Friend/Medical Record				
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: MYOCATEDIA	L INFARCTION, ACUTE 2 DAYS				
	1/201	PATIC CARDINASCILLAR UNKNOWN				
	Cenditions, If any, which) ARCERIUSCU	ERSTIC CARDIOVASCULAR UNKNOWN				
	gave rise to immediate cause (a), stating the DUE TD	Disease				
1_	underlying cause last. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F				
15	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)				
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
SAI		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bidgetc.				
	21. I certify that (I) (this hospital) attended the deceased from	DEC., 19/GI, to 7 DEC., 1965, that (1) (we) last				
		death occurred at 2 M, from the causes and on the date stated above.				
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED 7 DEC. 65				
	22c. PHYSICIAN'S M.D	DIRECTOR PHYS. PHYS. PHYS.				
	NAME (Type) C.J. Houmann, M.D.	4404 Queensbury Road, Riverdale, Md.				
23	ia. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
	Burial 12-10-65 Arlington	Mat. Ceme. Arlington, Va.				
2	4. FUNERAL DIRECTOR ADDRESS ACCOUNTS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SACNATURE				
	Shall 186. 111. 741 118 111	OFF 10 1965 Charles Judge				

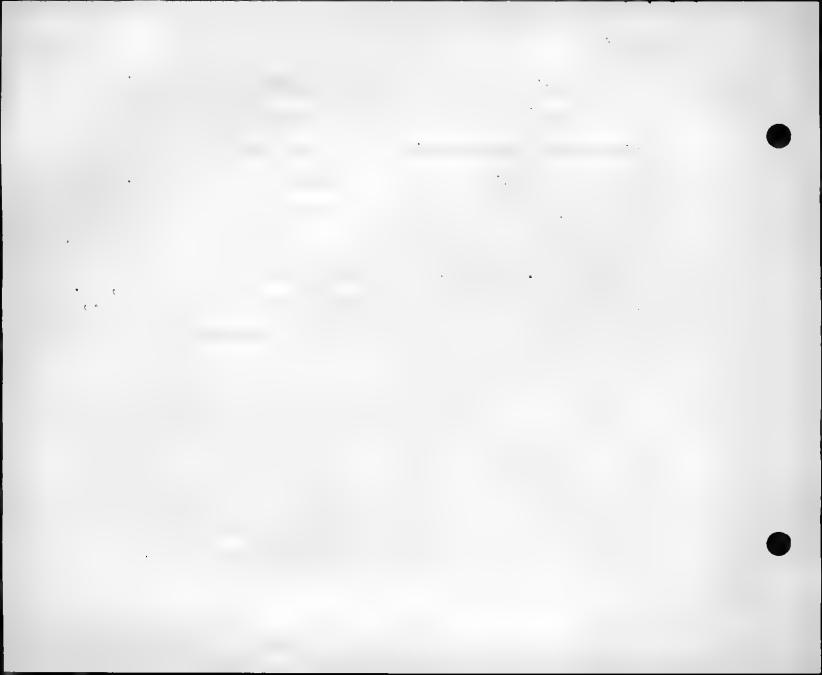
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE 1 MARYLAND

	16919	CERTIFICATI	E OF DEATH	l STREET, DA	ETHIORE I, M	2301	
1.	PLACE OF DEATH		2. USUAL RESIDENC	CE (Where deceased li	ed, If institution: R	esidence before a	dmission)
1	a. COUNTY		a, STATE		b. COUNTY	Coopea	Lo
-	Prince George's b. CITY OR TOWN (If outside corporate limits, c.	MARYLAND LENGTH OF STAY IN 1b	c, city or town (if	outsida corporata i		George	
	write RURAL and give nearest town)	ELIMINIOF SIXI IN 15	M		mintoj wisto komiz	and Biso monto	or conving
_	Cheverly	4 days	Holly F	ark			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address)	d. STREET ADDRESS			e. IS RES ON A	FARM?
_	Prince George's General H	ospital	1206 Hil	ll Road		YES 🗌	NO 🔲
3.	NAME OF First	Middle	Last	4. DATE	Month	Day Ye	ar
	(Type or print) William	W:	shington	OF DEATH	Dec.	23 19	65
5.		NEVER MARRIED 3	DATE OF BIRTH	9. AGE (n years IEIINDER		
	WIDOWED EN	DIVORCED	5-10-88		Irthday) Months 7 yrs.	Days Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (Q			ITIZEN OF WHA	T
du		STRY				S.A.	
12	Laborer I.aborer		Maryl		10.	D.A.	
1							
	William J. Washing	ton	Catheri			2.1	
(Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC es, no, or unkown) (If yes give war or dates of service)		INFORMANT	Hunt	sweets e,	Md.	
	No_	Le Le	eo Washing	ton 1206	Hill Rd		
	18. CAUSE OF DEATH [Enter only one cause per line	or (a), (b), and (c).]	() ()			INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	elmon a	my sed	ena		ONSET AND	DEATH
	4200 DUE TO 04		00	0 . 0			-
	Conditions, if any, which	yourd	lealf	anklink	·		
	gave rise to immediate			1 1			
	underfulne severa lead	Drevaclar	while the	ead au	مو، مع	1	
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION	GIVEN IN PART 1(a)	T19. WAS A	UTOPSY
CERTIFICATION		Colley		melogs	L.	PERFO	RMED?
	20a. ACCIDENT WAS UNDERLYING TI 20b. DESI	ODIDE HOW IN HIDOV COOK			Dort II of Itom 19	YES	ING
ERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	KHED. (Elitet liatute of	i pijuty in Part i Or	Part II of Item 10.	.J	
MEDICAL		Footo	CE OF INJURY (Home, fa ry, street, office bidg., e	rm, 20f. (City or	town) (Cou	inty) ((State)
	p.m. 19 at work	Not While at work	.,,,				
-	21. I certify that (I) (this hospital) attended	he deceased from	12_101	9es to 12	22 19	e.s. that (I) (we) last
	saw the deceased alive on	19 as and that	death occurred at-	- FM. from the	causes and on t	he date state	d above.
	22a. SIGNATURE	03		-231-		ATE SIGNED	
	alon /3 Com	ezo- M.D	ATTENDING PHYS.	MED. STA	(FF 7 12)	- 24-	65
	22c. PHYSICIAN'S	l Into	22d. ADDRESS	1-10 v	5 7		
	NAMESTYPE O B. CAMER	ON	1.3563 1	MIT	CATIVITEX	MP	,
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify)	3c. NAME OF CEMETERY	OR GREMATORY	23d. LOCATION	(City, town or cor	inty) (S	state)
12	gurial) 1265	mt. (01	insti	Marile.	IL St Aus	A.	18
	FUNERAL DIRECTOR	ADDRESS_/ DI		C'D BY REGISTRAR	25b. REGISTRAR	S SIGNATURE	- /
4	Myster K. Kelling 433	9 HUML FES	DATE (29 1965	Milianle	3 Judge	-

VR A15 (4) 15M 4-64



FOR STATE, HEALTH DEPT. ID DEJUTY MEDICAL EXAMITER: This certificate should be executed within 24 bounder denth. If any delay is macessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1.2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

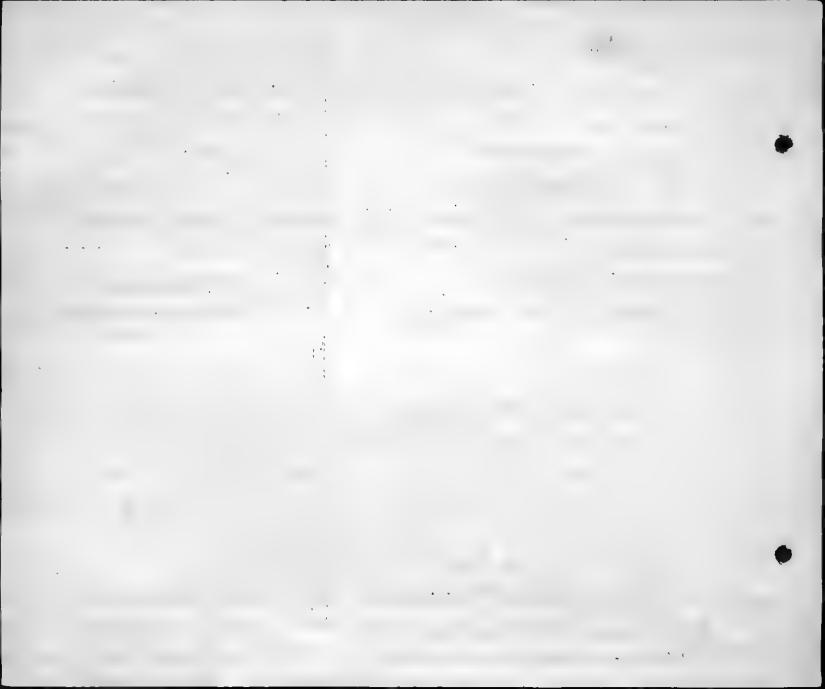
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 1 as state Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4.0000

10360					UUL
1. PLACE OF DEATH • COUNTY			(Where deceased lived, If		ce before edmission)
Prince George	MARYLAND	o. STATE Md.	Prince (reorge	
b. CITY OR TOWN (if outside corporate limits,	E. LENGTH OF STAY IN 15		sutside eorporete limits, write	RURAL end give r	nagrest fown)
write RURAL and give nearest town)	DOA	1 01	_74		
d, NAME OF HOSPITAL OR INSTITUTION (if not in ho	DOA	d. STREET ADDRESS	elt		I e. IS RESIDENCE
a, name of household or household (it has in no	sprint, give sitest edd(exs)	d. STREET ADDRESS			ON A FARM?
Prince George General	Hospital		ket Lane.		AEZ NO
3. NAME OF First DECEASED	Middle	Last 4	OF Month	Dey	Year
(Type or print) Marry	Theresa	Whalen	DEATH 12	21,	19 65
		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
To No WIDOWI	ED X DIVORGE =	05 Tul-1 300d	last birthday)	Months Days	Hours Min,
ios. USUAL OCCUPATION (Give kind of work 10b. N	ED (X) DIVORGED (F)	11. BIRTHPLACE (State or	foreign sountry)	I 12. CITIZEN O	F WHAT COUNTRY?
done during most of working life, even If retired)					
i'etieed hookeener Ga	Under College	14. MOTHER'S MAIDEN NA	1448	11.5.	4.
	· ·		ME		
Simon J. Shea		Inlia Kelly			
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) [(Ifyesgivbwerordelesofservice)]		NFORMANT	9177 Marker	t Paul	
(183, 10, or allown) (ill year give wer of deread service)	That	x 12 1 11h-len	Chandral +	Aug. Jan	
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).)		- incompeti	1641	EMANT BELAATEM
PART I. DEATH WAS CAUSED BY	Teningitis			ON	SET AND DEATH
7) -/	.0171181010				
		-117		17.0)
10/	steomyelitis of	SKULI.			yrs.
gove rise to immediate cause (e), stating the underlying DUE TO					
cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	L DISEASE CONDITION GIV	EN IN PART 1(a) 1	
Ĕ				,	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS COLOR 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert	or Pert of item 18.)		
PRIMARY OF CONTRIBUTING C			,		
	INTERNACEDED LAC STAC	T of hills will and the	not tab	45	400.00
20c. TIME OF INJURY Month, Day, Year While two		E OF INJURY (Home, ferm, 'ry, street, office bldg., etc.)	20f. (City or fown)	(County)	(State)
p.m. 19 ef wo	rk - et work -				
21. I certify that I took charge of the ren	nains described above, held	d aл Autopsy 🔲. In	spection 🔼 , Inquir	y X, and	in my opinion
death resulted from: Natural causes	Accident . Suicid	de . Homicide .	, Undetermined m	anner 🗍	
1		CHIEF MEDICAL EXA			
ACTUAL /	-	A CEISTANIT MEDICA			ATE SIGNED
SIGNATURE		M.D. ASSISTANT MEDICA	_ ~		-25-65
EXAMINER'S	1/ D	DEPUTY MEDICAL E	XAMINER LX	12-	27-07
NAME (Type) John Kehoe,		Address (Street, city			
226. BURIAL, CREMATION, 726. DATE THEREOF REMOVAL (Specific	22e. NAME OF CEMETERY OR	CREMATORY 2:	2d. LOCATION (City, town	, or county)	(State)
12-20-65	Cirta of Herren	Cometeru S	ilver Spring.	Manulan	d
23. FUNERAL DIRECTORD PLA - Carles	ADDRESS	24e. REC'D	BY REGISTRAR 246, REG	ISTRAR'S SIGNATU	IRE
ilanua & Thombson (1)	Cilia (PONTA)	JAN 4	1966 200	carley Ju	dge



	DIVISION OF STATISTICAL RESEARCH AND RECORD		MARYLAND
	10041 CERTIFICA	TE OF DEATH	3.03
1.	PLACE OF DEATH a. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE Maryland b. COUNTY Pr	Residence before admission) ince George
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Adelphi c. Length CF STAY IN 1t	c. CITY OR TOWN (If outside corporate limits, write RURA Adelphi	L and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
_	2203 Apache Sfreett	2203 Apache Streett	YES NO M
3.	(Type of print)	iteford 4. DATE Month DEC.	5, 19 65
	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1	D = 26 1001 last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
loa	a. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Cxecutive Divorced 10b. Kind of Business OR Lindustry Gas Co.	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	W. MORGAN Witteford	ALICE SCARBOROUGH	
15 (Ye	es. Inc. or unknown) ((If we nive war or dates of service))	7. INFORMANT Address	
	NO (If yes give war or dates of service) 214 01 0316	Isabelle S. Whiteford Same as	#2 (wife)
	18. CAUSE DF DEATH [Enter only one cause perline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hunloss	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to Immediate DUE TO	ic Heat Deseal.	
	cause (a), stating the DUE TO underlying cause last. (c)		
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICAL			PERFORMED? YES NO 🔀
CERTI	203. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 1	8.)
AEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl Hour a.m. While Not While p.m. 19 at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bidg., etc.)	ounty) (State)
-		4-1 1934 to 12: > 191	that (I) (we) last
		hat death occurred atM, from the causes and on	
	22a. SIGNATURE	ATTENDING MED STAFF /)	DATE SIGNED
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1/2 22d. ADDRESS	, , <u>)</u>
	NAME (Type) Aaron Deitz, M. D.	Prince George Plaza Hya	ttsville, Md.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	ERY CHE SPENSIONY 23d. LOCATION (City, town or c	
	Burial (Specify) 12/8/65 SLATEVIL		Pa
	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAL	
	Francis Gasch's Sons Hyattsville, Md	1. DFC 8 1965 PCharle	en Judge

VR A15 (4) 20M 1/65 JIO TO C

MARYLAND STATE DEPARTMENT OF HEALTH

)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

M	10000	70.70
/	1. PLAGE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	Prince Georges MARYLANO	D. C.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 3. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Glenn Dale (rural) 23 dvs	Washington
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
?	Glenn Dale Mospital	1117 New Jersey Ave. S. E. YES NO L
١	3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
1	(Type or print) Military	Williams Dec. 22 1965
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED OIVORCED	8. OATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Oays Hours Min.
١	Male Negro WIDOWED OIVORCED	4.17.1918 47 yrs.
Ì	Male Negro Widowel Orvorced 10a, USUAL OCCUPATION (Give kind of workdone 10b, KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
	Skilled laborer D. C. Sewer Dept.	Macon Georgia USA 1 14. MOTHER'S MAIDEN NAME
1	4 VIV Y	
١	Ernest Williams	Anna Adams
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
1	No. 578-16-5157	Decedent
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
١	PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Pulmonary tubercu	losis Joseph Jyrs, 4 mo.
1	OOZ / DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate (
1	cause (a), Stating the	
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	TATI	PERFORMED?
١.	20a, ACCIDENT WAS UNDERLYING (1) 20b, DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORREG. (Enter liature of injury in Pare) of Pare it of Item 200
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ory, street, office bldg., etc.)
		3/292 6: 1962, to 12/22 , 1965, that (I) (we) last
	saw the deceased alive on 12/22 19 65, and that	nt death occurred atM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MEG STATE
	M. M.	
	22c. PHYSICIAN'S NAME (Type)	22d. AODRESS Glenn Dale Hospital
	Moe Weiss, M. D.	Glenn Dale, Maryland
	23a. (BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	NEMUVAL (SPECITY) 12/28/1965 MARMONY PA	PEMOXIAL PARK LANDOVER MARYLAND
	24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	WIERNEST JARVIS CO. 1432 You	DEC 28 1965 Clearley Judge

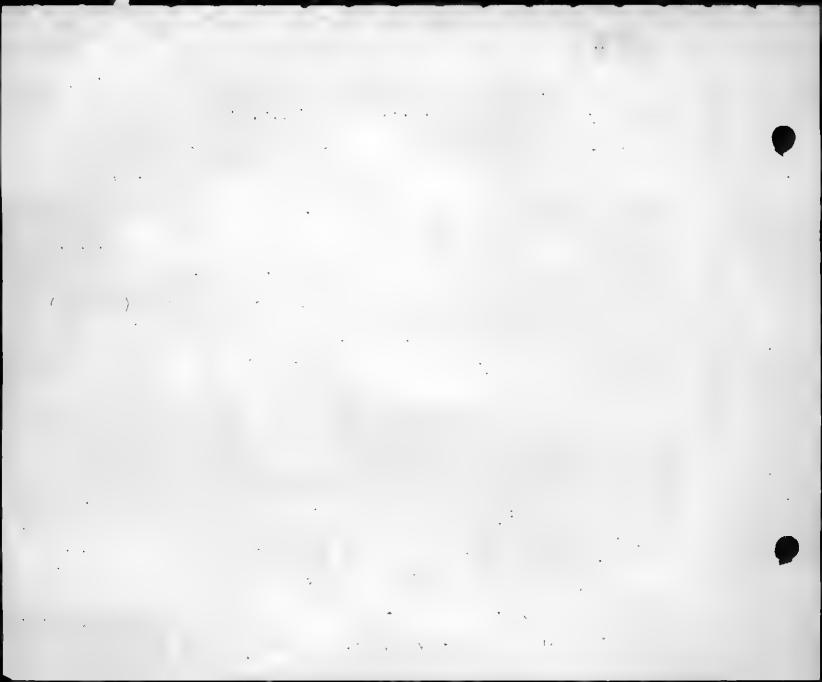
N.W. WASH.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tenese, barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH	Н				2. USUAL RESIDEN	CE (Where deceased			ience before at	lmission)
1	S. CDUNTI	Prince Ge	orge	Ma	RYLAND	8. STATE	. maral mara di	b. coun	TY Prin	ice Ge	Orge
	h CITY OF TOW	N (if outside coences	to limits	1 c. LENGTH CF S		c. CITY OR TOWN (I	ryland outside corporat	te limits, wri			
	Write RURAL	and give nearest tow	rn)	D. O. A	_	X Riverda					
	Cheverly	Y SPITAL OR INSTITUTIO	M /If mad to b	1	-					10.000	ID FAIR C
	d. HAME OF NO.	SPITAL OR INSTITUTIO	ח תו זסמ זו) ואכ	iospitai, give stree	it address)	d. STREET ADDRESS				e. IS RES	
7	Prince G	eorge Gen	eral H	ospital		5426 67th	Avenue			YES 🗌	ND 🔼
	3. NAME DF DECEASED		irst	Middle	TIT: 2	Last	4. DATE	Month		Day Yea	
	(Type or print)	Hele			Wink	larek	DEATH	Dec.	4,	19	65
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARK	RIED	B. DATE OF BIRTH	9. AGI	E (In years	FUNDER 1 Y	EAR IF UNDER	
	Female	White	WIDDWED		CED	Nov. 20, 1	895 70	t birthday) jī vrs.	Months Da	ys Hours	Min.
	10a. USUAL OCCUPAT	IDN (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS	DR	11. BIRTHPLACE (C	eunty & State, or fo		12. CITIZ	ZEN DE WHAT	
	Housewi			Own Hom	ne.	New Y	nrk			5. A.	
	13. FATHER'S NAM			O W11 11011	10	14. MDTHER'S MAIL			[O4 L	20. 220	
	Jacob M	locener				Mari 7i	mmerma	3 **			
	15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY	NO. 17.	INFORMANT	minerma	Address			
		(If yes give war or dates o	f service)		Fd	ith A. Cize	k Sama	20 #2	(daug	chtanl	
	no					IIII A. CIZE	x Jaine	a5 17 L			
		DEATH (Enter only on ATH WAS CAUSED BY		line for (a), (b), and	d (c).]	10.				NTERVAL BE DNSET AND (DEATH
	PART I. DE	IMMEDIATE CAUSE	(a) (a)	ubral	en	brusm			12	modis	Le.
	4331	DUE	TO /	- 1	1.	1 10 1.	- 11			. 1	
	Cenditions, If		(b) (in	ricular	- fil	rillation c	- clos			3 day	7 -
	gave rise to cause (a), si		TO							0	
	underlying caus		(c)								
	PART II. DTHERS	IGNIFICANT CONDITION		UTING TO DEATH BU	JTNOTRELA	TED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN P	ART 1(a)	19. WAS AU	
	PART II. DTHERS 20a. ACCIDENT DR CONTRIBUTION (IF EITHER, NO									PERFOR YES	ND (Z)
0	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW IN	JURY OCCU	RRED, (Enter nature o	f Injury In Part I	or Part II of	(tem 18.)		
	S OR CONTRIBUTI	WAS UNDERLYING DEA NG CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)			·					
		INJURY Month, Day,	. 3	NJURY OCCURRED	120e, PLA	CE DF INJURY (Home, f	arm.l 20f. (City	or town)	(County	(5	State)
	S 20c. TIME OF Hour a.r		While	Not While	facto	ry, street, office bldg., e	tc.)		,		
			at wor		<u> </u>	1/ % -	1			-	
		y that (I) (this-hosp					965 to 12				
		ceased alive on D-	vc.1	197	, and that	death occurred at/	<u>∴</u> /_M, from t	he causes a			above.
	22a. SIGNATUI	RE //	D			ATTENDING	MED S	TAFF -	22b. DATE	SIGNED	
ı	124	whi !	The		M.D	. PHYS.	DIRECTOR F	HYS.	172	763	
	22c/ PHYSICIA NAME (T)		KR.	SHEA		4100 -	- 22-	N.E.	, Wa	shOC	0
	23a. BURIAL, CREW	IATION, 23b. DATE	THEREOF	23c. NAME DE	CEMETERY	OR CHEMATORIX	23d. LOCATI	ON (City, to	vn or county	y) (S1	ate)
	Burial (So	12/6/	65	Luther	an		Middle	Wills.	Y A	INT	Y
	24. FUNERAL DIRE			ADDRESS		25a. RE	C'D BY REGISTRA	R 25b, BF	CICTRADIC C	MATURE	
	Francia	Gasch's Sc	ns H	ratteville	bM .		6 196	5 xcc	in year	Judge	<u> </u>
	TIGHTOIS	CHURCH D DC	rain aly	COOD VIIIO	3 717-019	DATE	-	0		4	



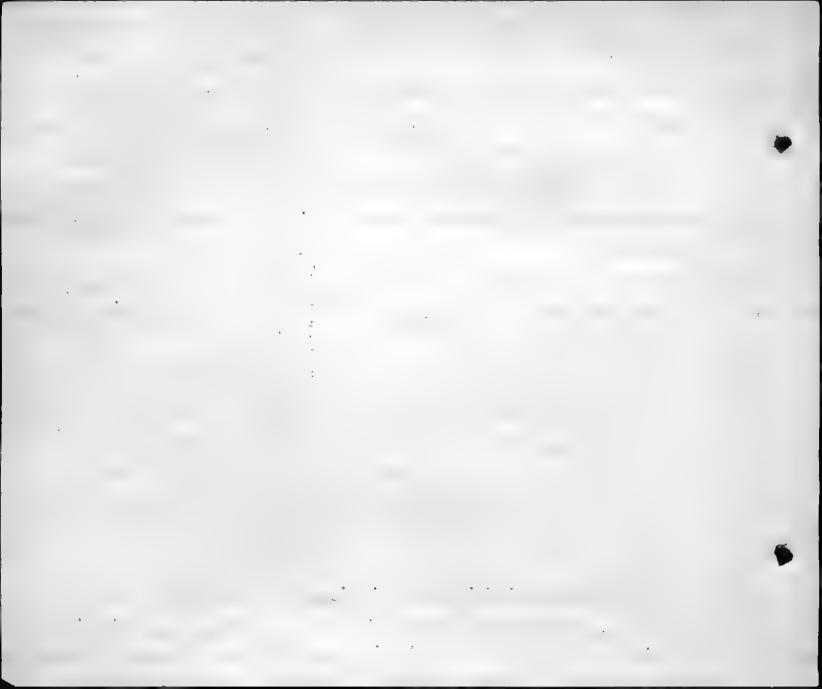
FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1-2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

IIIIME. 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE	OF DEATH				Institution: Residence before edmission)				
#. COUN		S MARYLAND	Maryland	b. cour	e George's				
	Prince George :	s, e. LENGTH OF STAY IN 1b			e RURAL and give neerest town)				
write	RURAL and give nearest town)		1 Hillside						
	heverly	DOA			is appearance				
S. NAMI	OF HOSPITAL OR INSTITUTION (I	f not in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?				
Pr	ince George Gener		5801 M. S		YES NO X				
3. NAME DECEA		Middle	Last	4. DATE Mont	h Day Year				
Type or	James	Elbert	Wood	DEATH 1	2 12 1965				
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male	White		13 Oct. 1965	yrs.	Months Doys Hours Min.				
IGa. USUAL	OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUST		or foreign eountry)	12. CITIZEN OF WHAT COUNTRY?				
done during	most of working life, even if retired	s) 	Pro Jeo Co	unty, Md·	USA				
13. FATHER'S NAME									
Gerald Wood Geraldine Dillman									
15. WAS DE	CEASED EVER IN U.S. ARMED FOR		INFORMANT	Address					
(Tes, no, or	unkown) (If yet give war or dates of se	(e)	Gerald: Wood	Hillside	Md.				
18. CA	USE OF DEATH Enter only one	eause per line for (e), (b), and (c).1			I INTERVAL BETWEEN				
	ART I, DEATH WAS CAUSED BY				ONSET AND DEATH				
	IMMEDIATE CAUSE (a)_	_Bronchopneumonia_			unknown				
1 4	9/X DUE TO								
1 1	one, if any, which (b)								
	to immediate couse DUE TO								
cause le									
Z PAI		TONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV					
√ ¥II					YES P NO TE				
20m. E	CTERNAL CAUSE WAS 2	Ob. DESCRIBE HOW INJURY OCCURRED	. (Enter neture of injury in F	Part I or Part of item 18.3	THE RESTREET				
PRIMAR CAUSE	Y OF CONTRIBUTING OF DEATH.			,					
101	ME OF INJURY Month, Day, Yee		ACE OF INJURY (Home, farm		(County) (Slete)				
WED ,	lour e.m., p.m. 19	et work et work	,	- 1					
21. I		f the remains described above, h	eld an Autopsy 🔀 .	Inspection X, Inqui	ry K. and in my opinion				
death	resulted from: Natural car	uses 🙀. Accidênt 🗍. Suid	cide . Homicide	Undetermined m	nanner 🗍				
	1 /	1	CHIEF MEDICAL I						
ACTU.		14 1-1		ICAL EXAMINER	DATE SIGNED				
SIGNA	TURE /	12/	M.D	L EXAMINER TO	PARE DIGITAL				
EKAM NAME	INER'S John Kehoe,	M.D. Riverdale, M	Id . Address (Street, e	city, town, or county)	12-13-65				
	CREMATION 226. DATE THEREC	OF 22c. NAME OF CEMETERY O	R GRIMATORY	22d. LOCATION (City, town	, or county) (State)				
	ial Dec 15.	1965 Mt Oak Cemet	ery	Mitchellsvi	lle, Md.				
	AL DIRECTOR	ADDRES5		D BY REGISTRAR 246. REG					
F.	Gasch's Sons I	lyattsville, Md.	DATE	EC 17 1965 /	Elianles you				
<u> </u>		A STATE OF THE PARTY OF THE PAR	I DAIE_	- 1900	10				



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please house carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARED 16926				1, MARYLAND		
1. PLACE OF DEATH a. CDUNTY Prince George 'S b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	MARYLAND LENGTH OF STAY IN 1b	a. STATE Marylan	E (Where deceased lived, If institute b. COUNTY C Prin putside corporate limits, write R	ce George's		
		College Park d. STREET ADDRESS 9524 49th Avenue College Park e. IS RESIDENCE ON A FARM? YES □ NO NO NO NO NO NO NO NO NO NO				
3. NAME DF First DECEASED (Type or print) Theresa	Middle A.	Last Yates	4. DATE Month DF DEATH December	Day Year 1 1965		
5. SEX 6. COLOR OR RACE 7. MARRIED Female White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired) 10b. Kind of working life, even if retired 10b.	HEACK MAKKIED		unty & State, or foreign country)	NDER 1 YEAR IF UNDER 24 HRS. iths Days Hours Min. 12. CITIZEN OF WHAT TOUSTRY A.		
13. FATHER'S NAME Edgar M. Talbott		Prince Ge-	NAME Phelps			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	CIALSECURITYNO. 17.	Rose M. Su	7205 Biddre Ro	ssburg Dr. rk, Maryland		
18. CAUSE DF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions If any which	for (a), (b), and (c).	marker	of pulmera	INTERVAL BETWEEN ONSET AND DEATH		

1	Female	White	WIDOWED	DIVORCED	July 6, 1917	7 48 yrs.	Months Days	Hours Min.		
dur	ing most of work Housewife		ione 10b. KIND OF INDUSTR	BUSINESS OR TOME	Prince Geo	rty & State, or foreign country orge, Md.	U.S.	À.		
13.	Edgar M				Agnes M.					
(Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rose M. Suit College Park, Maryland									
	4344	DEATH [Enter only one ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) Bila	(a), (b), and (c). I	markeo	(pulmere edem		RVAL BETWEEN ET AND DEATH		
gave rise to immediate cause (a), stating the underlying cause last.										
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING AND CAUSE OF DEAT	20b. DESCRI			SEASE CONDITION GIVEN IN	YI	WAS AUTOPSY PERFORMED?		
MEDICAL CE	(IF EITHER, NOT	NJURY Month, Day,	(ER)	- Fact	ACE OF INJURY (Home, farm ory, street, office bldg., etc.	n, 20f. (City or town)	(County)	(State)		
	21. I certify that (I) (this hospital) attended the deceased from 70 × 26 , 1965, to Dec 1, 1965, that (I) (we) last saw the deceased alive on 1965, and that death occurred at 2:55M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING M.D. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 12-1-65									
	22c. PHYSICIA NAME (Ty	Don B.	Cameron,		22d. ADDRESS 3503 Perry	St. Mt. Rain				
	BURIAL, CREM			Mt. Olive	t	Washington	n D. C.	(State)		
	runeral dire	ctor Fasch's Son	s Hyatts	ADDRESS rille, Md.	DAEC (EGISTRAR'S SIGN	ATURE		

VR A15 (4) 15M 4-64

			and the last		
	. ,	etcla i	É LI J = LVV		Twinspoll .
	pyied.	250		divelop.	29.65
			vi		
San for Jane	1986 3 3	30.	Hystacyllia, 416.	ence attach	Signatur

VR A15 [4] ISM 7/61

	MARILAND.	SIAIE DEPA	ARIMENI OF	REALIR	
DIVISION OF STATISTICA	AL RESEARCH AN	D RECORDS, 30	01 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
10007	CED	TIEICATE A	OF DEATH	30.3679098	231

1004	T+xx-X		16 16 / 15 / 15 / 15 / 15 / 15 / 15 / 15			- VUU
1. PLACE OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1 1 40 19 31 7 31 19 3		(Where deceased lived, If in		ce before edmission
PRINCE GEORGE'S		MARYLAND	VIRGINIA	ARITI	NOTON	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write l		neerest town)
write RURAL and give nearest town? ANDREWS AFB d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		62 DAYS	ARLINGTO	N 9:	3 X 3	
			d. STREET ADDRESS			. IS RESIDENCE
US AIR	FORCE HOSPITA	L.	1421 218	T STREET SO	UTH	YES NO
3. NAME OF DECEASED	First	Middle		4. DATE Month	Day	Yeer
(Type or print)	IDA Le		YORK	DECEMI	BER 15	1965
5. SEX	6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED	A DATE OF BIRTH		FUNDER I YEAR	IF UNDER 24 HRS.
FEMALE	CAUC WIDOW		2 APRIL 18		Months Days	Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work 10b.)	CIND OF BUSINESS OR INDUST			12. CITIZEN OF	F WHAT COUNTRY
HOUSEWII	rking life, even if reffred)		PIKE COU	NTY KENTUCKY	y us	. ^
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		05	- A
WILLIAM	A HARRIS		SARAH AN	N TAVIOD		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.		Address		
(Yes, no, or unkown) (I	fyesgive war or dates of service)		HUSBAND	CAMP AC	C TIPEM	410
	EATH (Enter only one cause per		HOSBAND	SAME AS		# Z
	H WAS CAUSED BY:		0 1			SET AND DEATH
1000	IMMEDIATE CAUSE (6)	munger	manitu	~~		
11/54	DUE TO	0.			. 1	
Conditions, if any	10	ourson's le	It pelin w	el i mater	A Cross	
gave rise to immedi (a), steting the u	DITE TO	. 200				
cause last.	(c) 101	reached By	Hum Jelen	may they are		
Z PART II. OTHER	SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO BEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(6) 1	9. WAS AUTOPSY PERFORMED?
Š.		•			1	YES NO -
OR CONTRIBUTING	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED). [Enter nature of injury in Pe	rt I or Part II of Itam 18.)		
3 20c. TIME OF INJU	RY Month, Dey, Yeer Od.		ACE OF INJURY (Home, farm,	20f. (City or lown)	(County)	(Stete)
Hour e.m.	10 While	a lan man	lory, street, office bldg., etc.)	1		
- perme	hat (I) (This Xa Sprits) Itter		13 Oct 10	65 m 15 Dec	1065	has (1) (0200 las
saw the deceas	sed silve on A.Y	19.6.5., and that	death occurso atu	Tvet itom the causes a	nd on the da	22b. DATE
/wil	2 Splen	N N	1,0,	D. STAFF		SIGNE
ETT NAME HYRO	F PETERSON.	OOT HOAT M	22d. ADDRESS	D ANDDELLO AL	CD MD	
MIDDIAM		COL, USAF, M		P ANDREWS A		
Burial (Specify)	12/17/65	Arlington Nati		Arlington Co		(State)
Everly-Whe	e's signature atley Funeral H	ADAM Exandr		BY REGISTRAR 256 REGI	STRAR'S SIGNAT	TURE edge.
A 7 - 5	venly		, , , , ,			

